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INTRODUCTION

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TO THE

Joseph John Fox

PRACTICE

OF

MIDWIFERY.

By THOMAS DENMAN, M.D.

LICENTIATE IN MIDWIFERY OF THE COLLEGE OF PHYSICIANS, LONDON;
AND HONORARY MEMBER OF THE ROYAL MEDICAL SOCIETY
AT EDINBURGH.

IN TWO VOLUMES.

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PREFACE.

BEFORE the firſt appearance of theſe papers in two volumes, the greater part of them had been ſeparately printed, and of many of them there had been ſeveral impreſſions. By this mode of publication I have had an opportunity of correcting many errours, though, with all that I have been able to do for the amendment of the work in general, I am yet very ſenſible of its deficiencies and imperfections. But the reader will diſcover, that pains have been taken to render it leſs unworthy of his regard; and the hope of being uſeful to thoſe who are engaged in the ſtudy or practice of midwifery, has converted the trouble into pleaſure. Very much ſtill remains to be done for the perfection of this branch of the profeſſion, not by the ſpeculative and preſuming, who are ever miſleading us; but by men of induſtrious attention and reſearch, capable of reducing into order the obſervations they will have many opportunities of making, and of converting them to practical uſe and advantage. In medical writings, ſtrict veracity is above all

other things required; and to this I have conſtantly adhered, to the beſt of my knowledge and judgment.

Of the medical treatment of the diſeaſes peculiar to women, and of the practice of midwifery in particular, we have no accounts from the earlieſt writers, but ſuch as are very imperfect, and involved in works, which the life of one man would ſcarcely be ſufficient to glean; while after all his labour, though his curioſity might be gratified, he probably would not, at this period of time, gain for himſelf, or afford to others, much ſatisfaction. The cultivation of medicine at large, eſpecially of that branch of which we are about to treat, is of a recent date in our own country. This, to one glance of the eye, exhibits a view of the ſteps, by which human beings, in a courſe of years, emerge from a ſtate of abſolute ignorance and barbariſm, become civilized, and arrive at eminence in every art and ſcience.

In what country medical knowledge was firſt cultivated, and reduced into ſcientific order, cannot now be traced; for, beyond a certain period, the records we have are crowded with fable, and being chiefly ſupported by conjecture, are by no means entitled to unreſerved confidence. But long before the eſtabliſhment of ſyſtems, there muſt have been a time, when means were uſed for the cure of diſeaſes, and the relief of accidents. There muſt alſo have been

been a time, when the rude but well-meant endeavours of one friend, to relieve another in diſtreſs, ceaſed, and application was made to thoſe, who were ſuppoſed to have more information or greater ſkill. This would properly be the origin of the art. By what ſteps or means the *Greeks* became ſooner and better informed, in all arts and ſciences, than many other nations, we cannot now decide; whether it depended upon the force of their own native genius, to which ſomething muſt be granted*, or whether this knowledge were communicated by ſome preceding or neighbouring people. But it is probable, that the *Greeks* were inſtructed by the *Egyptians*; and theſe, as many contend, by the natives of *India*: yet by whatever means they acquired their information, to the *Greeks* the diſtinguiſhed glory is due of having conveyed, in their own language, the rudiments not only of medicine, but of almoſt every art and ſcience, to all the weſtern world. Though the moderns have availed themſelves of every advantage they could obtain by the ſtudy of the ancient writers, it may be truly ſaid, that they have not always been too liberal in their acknowledgments. But of this poſthumous reputation *Hippocrates* has had his full ſhare, for his very name ſeems to have inſpired with enthuſiaſm every ſucceeding writer; as all thoſe, of whom we have been

* See *Stuart's* Antiquities of Athens.

accuſtomed to think with veneration, or to ſpeak with reſpect, have mentioned him with admiration, and held him up to our view as an example to be imitated, or as a pattern to be exactly copied. Whether we conſider his writings with regard to the ſtrict morality which they inculcate, the liberal conduct which they recommend, the ſtrong and extenſive obſervations with which they abound, or the order and method in which theſe are conveyed, it is not poſſible to withhold our eſteem*. He had likewiſe the good fortune of writing in a language, which was not only known, but ſpoken with claſſical purity, for a longer time than any other; for *Hippocrates* lived near five hundred years before the Chriſtian era, yet the *Grecian* was the popular language at *Conſtantinople*, even at the time when this city was taken by *Mahomet* the ſecond, in the fifteenth century. The *Greeks* alſo maintained an acknowledged ſuperiority in literature and arts, for a long time after their political ſovereignty was loſt. But if there be any progreſſive power in the human mind, if any advantage be obtained in the practice of medicine by the knowledge of the circulation of the blood, or of an infinitely more correct anatomy and phyſiology at large;

* See a ſhort but elegant abſtract of the medical obſervations and practice of *Hippocrates*, in the *Hippocratis Contractus* of Dr. *Burnet*.

by

by the vaſt diſcoveries, improvements, and application of chemiſtry; by a more copious and more efficacious *materia medica*; by the recorded experience of ſo many ages; or by the ſeveral collateral arts, which medicine calls in to its aid; we may ſurely be permitted to ſay, that *Hippocrates* ought not to be conſidered as the guide of phyſicians at the preſent time, or as having in any degree limited either the perfection or extent of the art, but as an illuſtrious ſpecimen of ancient medical knowledge and practice. If this obſervation hold good with reſpect to *Hippocrates*, it will have more force when applied to all his tranſcribers and commentators, many of whom ſeem to have loſt, in their attachment to him, the uſe of their own reaſon and judgment; conſtantly praiſing learning at the expenſe of knowledge, and rejecting every improvement, which could not be explained or juſtified by his writings. To the *Greeks* we are indebted for the works of *Ariſtotle* in the time of *Alexander* the Great; and it was the firſt object of the *Romans*, who ſubdued them, to acquire a knowledge of their ſciences, and to poſſeſs themſelves of examples of their arts. With information of almoſt every other kind, the *Greeks* are to be conſidered as the inſtructors of the *Romans* in medicine; and allowing for ſome change in the arrangement, a ſtrong intelligence in his ſelections, the addition of what he had collected

from other writers, a few improvements in ſurgery, and the local application of principles before known, *Celſus*, who lived at *Rome* in the early part of the firſt century, may be conſidered as an inſtructive and elegant abridger of the writings of *Hippocrates*.

The flouriſhing ſtate of the *Romans* was of ſhort duration. In the fourth century the empire was divided into the eaſtern and weſtern. *Rome*, which was the capital of the latter, was taken by *Odoacer*, king of the *Heruli*, under whoſe ſubjection it remained; and the *Romans* ceaſed to ſpeak the *Latin* language in the begining of the ſeventh century. But neither the conqueſt of *Rome* by *Odoacer*, that of *Alexandria*, under the Caliph *Omar*, nor the permanent ſubjection of *Conſtantinople* by *Mahomet* the ſecond in the fifteenth century, extinguiſhed that knowledge, and thoſe arts, which had been ſo long and ſo ſtrenuouſly cultivated and exerciſed. From the deſtruction of the library at *Alexandria*, which had many bad and ſome good conſequences, were produced the ſchools of *Antioch* and *Haran*, or what may be called the *Arabian* ſchools, the principal medical writers of which were *Rhazes*, *Avicenna*, *Avenzoar*, and *Albucaſis*. The ſentiments and manners of no people could be leſs favourable to learning than thoſe of the *Arabians*; and we accordingly find in every hiſtory, that when they ſpoiled *Alexandria*, the intention of

their

their chiefs was to deſtroy all kinds of ſcience, by burning the magnificent libraries which had been there collected; and every book which eſcaped the general havoc was preſerved by the care or partiality of private men. The writings of the *Arabian* phyſicians were chiefly, though imperfectly tranſcribed from the *Greeks*; yet they prove that the deteſtation of learning might be more juſtly attributed to the bigotry of individuals than to the people at large. Theſe it will be allowed are ſcarcely ever read; but they are ſaid to contain little of importance, except that the firſt account of the ſmall-pox, and of a few other diſeaſes of leſs conſequence, was given by the *Arabians*; and that *Avicenna* was the firſt, who deſcribed the *forceps*, an inſtrument contrived for the purpoſe of delivering women in caſes of difficult parturition, preſerving at the ſame time the life of the child.

After the deſtruction of the library at *Alexandria*, the *Grecian* manuſcripts, which were preſerved, were tranſlated into the *Syriac*, *Perſian*, and *Indian* languages; and the learned were diſperſed in different countries. For it appears, that, in the year 767, *Almanzur*, the founder and Caliph of *Bagdat*, ſent for a ſkilful and learned phyſician from *India*; which I mention, as it ſeems to explain an obſervation made by the *Raja* of *Kiſhenagur*, and reported by the learned Mr. *Halhed* in the preface to his *Perſian* Grammar, without any violence to

other

other chronologies. Thus wars and apparent devaſtation, became, in the hands of Providence, the means of diffuſing learning over many countries, which might otherwiſe have remained in ignorance.

But the firſt ſchools, from which the weſtern part of *Europe* immediately derived knowledge, were eſtabliſhed in *Italy* in the eighth century; and the moſt famous of thoſe, in which the art of medicine was taught, were at *Padua*; whither all, who aimed at excellence, reſorted, with the view of purſuing their ſtudies, and of qualifying themſelves for practice. From the contiguity of the two countries, from the frequent wars carried on between *France* and *Italy*, or from other cauſes, the *French* had many opportunities of acquiring knowledge. Schools were eſtabliſhed among them, encouragement was given to learning, many able men aroſe, and *France*, by its more convenient ſituation to *Britain* and the northern nations, ſucceeded *Italy* in literary reputation; *Paris* and *Montpellier* being the places, to which ſtudents in medicine, as well as other arts, reſorted for inſtruction even down to the beginning of this century. But it will now be neceſſary to direct our attention to a more early period; in order to gain ſome notion of the progreſs of learning in this country.

About fifty years before the birth of *Chriſt*, *Julius Caſar* made a deſcent from *Gaul* into *Britain*, a country then but little known, the inhabitants of which were in a very uncivilized ſtate; if we except thoſe who lived on the ſouthern coaſt of the iſland, perhaps not one degree more enlightened than the *Indians*, whom their poſterity afterwards diſcovered in *America*. The *Romans* continued long enough in *Britain*, to humble and render more tractable the ferocious ſpirit of the natives, to prepare them for civilization, and to teach ſome of thoſe arts, by which the evils of their ſtate might be leſſened, and a portion of the comforts of life acquired. On the retreat of the *Romans* from the iſland, about the year 426, ſuch of the natives, as, after an impotent oppoſition to their arms, and a rejection of their government, had been driven to the diſtant parts, poured with irreſiſtible fury on thoſe, who had ſubmitted to the dominion of *Rome*. Theſe called in the *Saxons*, to aſſiſt and to protect them, about the middle of the fifth century. Subjection is uſually the lot of thoſe, who claim or receive political protection; and the *Saxons* aſſumed the government of *Britain*. Being but little more civilized than thoſe they came to defend, they could furniſh few means of improvement; and the *Danes*, in their ſubſequent invaſions, checked and reduced

duced the ſmall advancement, which the *Britons* had made towards learning, notwithſtanding the encouragement afforded by *Alfred*, about the year 900. The *Norman* conqueſt took place in 1066, and the change, with all its diſadvantages, was productive of ſome general good to the nation: but the great proſpect of literary improvement aroſe towards the concluſion of the twelfth century, when *Richard* the Firſt undertook his cruſade to the Holy Land. It appears, however, that there was not a ſingle man in his whole army, who underſtood the *Grecian* or *Syrian* language; ſo that, without any advantage to balance the loſs of his ſubjects, or the expenditure of his wealth, in all likelihood he and his people returned to *England* almoſt as ignorant as they departed. During all this barren and dreary time, that is, for the ſpace of nearly thirteen hundred years, the excellence of the *Britons* ſeems to have been in the ſtrength of their arms, for they were conſtantly engaged in wars foreign or domeſtic, and mention is ſcarcely made of any man, who had a claim to be conſidered as learned in any ſcience, before *Roger Bacon*, who lived in the thirteenth century. He was a man endowed with a very ſuperior and excelling genius, who, among other branches of philoſophy, applied himſelf to chemiſtry, which he carried to higher degrees of perfection than his predeceſſors of any age or nation, as well as laid the foundation of

many

many modern improvements. A few other names of medical men indeed are recorded, as *Richardus Anglicus*, *Nicholas de Ferneham*, *Johannes de Sancto Ægidio* or *Giles*, *Hugh of Eveſham*, and *Gilbertus Anglicus**; but *John a Gaddeſden* was the firſt *Engliſhman*, according to *Dr. Freind*, who acquired ſufficient reputation to be appointed Phyſician to the Court, which *Gaddeſden* was, in the reign of *Edward* the Second. His work, which he called the "Roſa Anglicana," was never printed in *England:* and if it be compared with thoſe of the *Greeks*, and perhaps of ſome other phyſicians of his time, he may deſerve the ſeverity of that cenſure, which has been unſparingly paſſed upon him. But ſurely much allowance is to be made, and ſome honour muſt be given, to the firſt man in any country, who, by diſtinguiſhing himſelf, was preferred to a place of ſuch high truſt and importance. About the ſame time lived *John Ardern*, a Surgeon of great reputation at *Newarke* in *Nottinghamſhire*, who compoſed many works, none of which have been printed, except his treatiſe on the "Fiſtula in Ano."

In every country knowledge muſt be acquired by the mere induſtry and genius of the natives; or by communication with other countries, in which it already exiſts; or the ru-

* See Aikin's Biographical Memoirs.

diments,

diments, derived from ſome other nation, may be carried to greater perfection by the induſtry and genius of thoſe, who originally received their inſtruction from foreigners. If knowledge were conveyed from the *Babylonians* or *Indians* to the *Egyptians*, thoſe would probably afford an example of the firſt; the *Greeks* of the ſecond; and all Europe of the third. But the progreſs of knowledge would in the beginning be exceedingly ſlow in every nation; and even ſuppoſing the powers of the mind were not diverted from the purſuit by more favourite objects, it would be long before men thus circumſtanced could be put into competition with a people already informed. The abilities of particular men would very often be loſt by their death; and, if they were diſpoſed to convey their knowledge by writing, the number of copies would be comparatively ſmall, full of the errours of tranſcribers, and difficult to be underſtood, from unavoidable changes in the meaning of words, and the conſtruction of the language in which they might be written. Nor would a people deſerve the name of ſkilful and learned, becauſe there were a few men of diſtinguiſhed abilities among them, but becauſe the generality were ſo well informed. as to be able to execute with aptitude and intelligence what was required of them for the good of ſociety.

All or the greater part of the impediments to

the acquiſition and diffuſion of knowledge in general were happily removed in the fifteenth century, by the diſcovery of the art of printing, by *John Fauſt*, or *Fuſt*, a *German*, about the year 1432. This art was introduced into *Britain* in the year 1470, by *William Caxton*, who hired himſelf as a ſervant at *Cologn*, for the purpoſe of qualifying himſelf as a working printer. There are two books, which, it is ſaid, were printed by him before his return, of one of which we ſhall have occaſion to take notice. Another event extremely favourable to the improvement of medicine took place early in the next century, that is, in the year 1518. This was the eſtabliſhment of the College of Phyſicians in *London*, by the charter of King *Henry* the Eighth. The words of the charter of the college denote its view; *Improborum hominum qui medicinam*, &c. *audaciam compeſcere*; the kind of inſtitution, *inſtitutarum civitatum in Italia exemplum imitati*; and the perſons to whom it was granted, *gravium virorum doctorum*, &c. *precibus inclinati*. For certain purpoſes, intending or promoting the good of ſociety, theſe men were directed to form a college, with powers for their internal regulation, as forcible as thoſe ever granted to any other univerſity or college; provided ſuch regulations, and ſuch only, were made and executed, as preſerved and promoted thoſe intereſts of ſociety, which were committed to their truſt. I mention theſe circumſtances,

ſtances, becauſe the ſelecting power of the Fellows of this College, though allowed to all others, has been diſputed by ſome very able and worthy men, who perhaps, did not reflect, that before its eſtabliſhment, no ſchool, or even lectureſhip for medicine, had been founded in this country, nor had a ſingle book of any eſtimation been written by a native of it; but that the art was then practiſed without reſtraint, by men as bold as they were ignorant: nor foreſee, that, if the college were to be ſuppreſſed, or the exerciſe of its powers perpetually checked and conteſted, the art would, in all probability, decline into its primitive ſtate of ignorance and confuſion. It would, moreover, be eaſily proved, that ſince the year 1518, there have been, at every period of time, phyſicians of diſtinguiſhed abilities and eminence, and that the general literature of this country has been in many inſtances very effectually aſſiſted by the members of this college, of which notice is taken by Lord Bacon. There can ſcarcely be a doubt, but that very important benefits have accrued to ſociety from the eſtabliſhment of the College of Phyſicians, and that the rank and dignity of the profeſſion have been raiſed and ſupported by it. As early proofs of the firſt, I may mention the diſcovery of the circulation of the blood, by *Harvey*, the doctrine of irritability, firſt cultivated by *Gliſſon*; the reduction into order, and more accurate anatomical

anatomical knowledge of the brain and nervous ſyſtem, by *Willis*; the diſcovery, or at leaſt the great improvement of our knowledge of the glandular and lymphatic ſyſtem, by *Jolliffe*, *Wharton*, *Needham*, *Willis*, and many other very able men of their time; and the diſcoveries of *Mayow*, whom I am proud of having contributed to reſcue from oblivion. The ſecond poſition is ſelf-evident. Even thoſe who are not members, eventually partaking of its advantages, and profiting by its eminence, are intereſted in its ſupport. In the courſe of time, the rules of this, like thoſe of many other foundations of a ſimilar kind, may require alterations according to the general progreſs and improvement of ſcience: but the powers already granted might be effectually exerted, to prevent the frauds, hinder the impoſitions, and curb the audaciouſneſs of ignorant and unprincipled men; and the exerciſe of this authority was never more neceſſary, than at the preſent time. It is probable, that this important purpoſe would be anſwered if no patent for any medicine were to be granted, or any noſtrum allowed to be ſold, without a teſtimonial of its efficacy and ſafety from the college of Phyſicians; and by compelling every perſon practiſing medicine in any form, to become a member of the college of Phyſicians, of the college of Surgeons, or the company of Apothecaries; all of which might be intruſted

with a power of expelling any member who ſhould act unworthily. Nor does it ſeem difficult, to make regulations, ſo ſtrict that they ſhould reſiſt any claims to the privileges of the college by the preſumptuous, yet ſo liberal as not to withhold them from the deſerving, and thus improve both its public and profeſſional benefits.

One of the firſt books printed by *Caxton* was "Bartholomeus de Proprietatibus Rerum." The name of the author was *Bartholomew Glanville.* He was a Franciſcan Friar and lived in the time of Edward the 3d. He alſo wrote a hiſtory *de Sanctis.* The firſt tranſlation was made under the protection of one of the earls of *Berkeley*; but the title of the copy of this book which I have, (probably *Caxton's*) is this—"Incipit prohemium de proprietatibus rerum Fratris Bartholomei, Anglici, de Ordine Fratrum Minorum." This is in the nature of a *Cyclopædia*; and being a book not much known, I allow myſelf the liberty of making an extract from it, which will ſhow the nature of the work. His obſervations on fire, which will exhibit his philoſophy, are in this order—*De forma—De elemento—De igne—De flamma—De fumo—De carbone—De ſcintilla—De favilla—De cinere.*—The following from his chapter *de infirmitatibus* will ſhow his medicine.—*De febre—De febre effymera—De ethica—De febre putrida—De ſignis putridæ febris—De febre cotidiana—*

De

—*De febre terciana et ejus signis et cura*—*De quartana et ejus signis et remediis*—*De febre simplici et composita.* He has a chapter *de obstetrice*, and another *de umbilico*, but they both relate almost wholly to the management of the child. A book like this promised to be of great service: but, though the circle was comprehensive and regular, it was filled, not with the observations of a man of real knowledge or experience, but with popular opinions; and these collected, without much discrimination, from other writers. A translation of this work, by *John Trevisa*, was printed by *Wynkin de Worde* in 1507, another edition by *Berthelet* in 1535, and I believe several others. Very few medical books seem to have been printed about this time; and from the examples, their loss is not to be regretted. The "Judycyall of Vryns" was printed in 1512; "A litel boke for the infirmities and grete Sickness called Pestilence," which passed through many editions; and "A little treatyse called the Gouernail of Helthe." But in the year 1522, *Linacre*, who was the first president of the college, published, when sixty-two years of age, a translation of different parts of *Galen*, which he thought most useful to be known. The ability and elegance, with which this translation was made, are universally acknowledged, and great honour was justly given to *Linacre* on this and many other occasions. But the English practitioner did not

reap much advantage from the work; for, though there might not have been ſix men in the nation at that time able to read or tranſlate *Greek*, and probably ſome hundreds who underſtood *Latin*, yet the bulk of the people were ſtrangers to both the languages; and of this *Linacre* himſelf ſeems to have been ſenſible, for he immediately afterwards publiſhed his "*Rudimenta Grammatica Linguæ Latinæ*." Nor can I here help lamenting two defects even in *Linacre's* plan; one when the college was eſtabliſhed, that he did not encourage the publication of papers on medicine, under the auſpices of the college; a defect ſeen by the eſtabliſhers of the Royal Society, who publiſhed ſuch papers in their tranſactions, a place not the moſt proper for them; the other, that he did not print his works in *Engliſh*; in which they would have been generally read, have afforded immediate inſtruction, ſtood as good examples, and taught a proper method of writing. It is amongſt the moſt remarkable things I have met with, that no writer in any other language, than that of the country in which he lives, ever ſeems to be generally underſtood by the people of that country, of which I could adduce ſeveral proofs. But this not being done by *Linacre*, the *Engliſh* medical writers returned to their former ſtyle; and for many years little real progreſs in knowledge was made, or any titles heard of but thoſe of *Urynals*, *Judgment of Urynes*, *Anatomies of Urynes*, *Treſuries*

ſaries of Helth, Mirrours of Helth, Anthidotaries, Breuiaries of Helth, the *Treſures of poore Men, Herbals,* and the like, by medycyners and aſtronomers. But about the year 1540 ſome attempts were made to tranſlate books of reputation into the *Engliſh* language; as Sir *Ulrich Hutten* on the wood called *Guaiacum* that healeth the Frenche Pockes, by *Paynell,* Canon of *Marten Abbey,* who had alſo tranſlated many other books about 1533; the *Caſtell of Helthe* by Sir *Tho. Elyot,* who was not a phyſician; *Albertus Magnus*; *Prognoſticacions out of the books of Ypocras, Auicen,* &c. and the *Queſtionarie of Cyrurgyens, with the formularie of lytell Guydo in Cyrurgie.* In the year 1540 was alſo publiſhed the firſt book on the ſubject of midwifery in *England**, called "The Byrth of Mankynde," otherwiſe named "The Woman's Booke," by *Thomas Raynold,* Phyſition; the ſecond edition of which was imprinted at *London,* by *Thomas Ray,* whoſe name is not mentioned either by *Ames* or *Herbert,* in their hiſtory of printers. This was alſo the firſt medical book which has prints reaſonably well executed from neat drawings. As every one of theſe books went through ſeveral editions, we may conclude they

* Dr *Combe* has in his poſſeſſion the identical manuſcript copy of this work, which was preſented to *Catherine,* Queen of *Henry* the VIIIth. This copy is ſigned with the name of——*Traas,* but it does not appear why the book was afterwards publiſhed in the name of *Raynold.*

were in high eſtimation. Then (1545) came forth alſo an abridgment of *Veſalius*, of which the copies are not ſcarce, under the title of, "Compendium totius Anatomiæ delineatio ære exarata, per Thomam Geminum Londini." *Geminie* was an engraver. The knowledge of *Veſalius* was more extenſively ſpread from his book being ſtudied by painters and artiſts. In the original work of *Veſalius*, a great part of the engravings, it is ſaid, were deſigned by *Rubens*.

But one of the firſt *Engliſh* medical books, of any value, properly ſpeaking, I take to be "a ſhort and profitable treatyſe touching the cure of the diſeaſe called *Morbus Gallicus*; withe ann account of the nature of Quickſilver, by *G. Baker*, Maiſter of Chirurgerie, 1579," and the firſt book in ſurgery, called, "An Excellent Treatyſe of wounds made with Gunſhot, &c; by *Thomas Gale*, Maiſter in Chirurgerie, (1563.)" The dedication to *Ambroſe Pare's* work is dated Feb. 8, 1579, and it was tranſlated into *Engliſh* in 1634 by *Thomas Johnſon*; ſo that it may be doubted whether *Gale* did not precede *Paré* in the recommendation of a more ſimple method of treating gunſhot wounds. The ſame *Thomas Gale*, who was a very meritorious and indefatigable man, alſo printed "An Encherridion of Chirurgerie," and many other works relating both to ſurgery and medicine, together with the "Inſtitution of a Chi-

a Chirurgeon." Near the ſame time *John Halle* publiſhed what he calls the "Chirurgia Parva Lanfranci;" and *John Banniſter* "a Treatyſe of Chirurgerie;" and ſoon afterwards *William Clowes* "A briefe and neceſſarie treatyſe touchynge the cure of the diſeaſe called Morbus Gallicus, or Lues Venerea, by unctions and other approved waies of curing." There had been publiſhed in the year 1577, a profytable treatyſe of the anatomie of man's bodie, compyled by that excellent Chirurgeon, *M. Thomas Vicary*, Eſq. Sarjaunt Chirurgeon to *Edward* the Sixth, Queen *Marie*, and Queen *Elizabeth*, and alſo chieſe Surgeon of *St. Bartholomew's Hoſpitall**. There was alſo printed in 1597, "The whole courſe of Chirurgerie," by *Peter Lowe*, a Scotchman, Aurelian Doctour in the facultie of chirurgerie at *Paris*, which is quoted in the Critical Enquiry publiſhed about fifty years ago by *Samuel Sharp*, one of the moſt expert and able ſurgeons this country ever produced. I find a few books publiſhed by phyſicians about this time.—"A ſhort diſcourſe of "the moſt rare and excellent Virtue of Nitre"—"A Greene Foreſt, or a Natural Hiſtorie," by *John Mapler*, M. A. and ſtudent at Cambridge—"The Hammer for the ſtone," by *Walter* "*Carie*;—and a brief treatyſe called "*Carie's* "Farewell to Phiſicke"—Stirpium Adverſaria "Nova perfacilis inveſtigatio luculentaque ac-

* In this book was publiſhed the firſt account of the benefits of the juice of lemons in the ſea-ſcurvy.

"ceſſio ad priſcorum Materiam Medicam"—"The Benefit of the auncient Bathes of Buck-"ſtone, and the Bathes of Bathes ayde; by *John* "*Jones*, Phyſician"—"Hygeina, &c. authore "*Timotheo Brighto*, Cantabrigienſi Medicinæ "Doctore:" and a Treatyſe of Melancholie, by the ſame author; "Praxis Medicinæ Univerſalis" (1598), and many others in number, but not of much value, though they ſhow very ſatisfactorily the pains taken by the *Engliſh* to acquire knowledge by their own induſtry, and by tranſlating many of the works, which were then held in particular eſteem. But it appears alſo, that the progreſs made by the *Engliſh* phyſicians and ſurgeons, for the improvement of the reſpective branches of the profeſſion, had not been very rapid, and that much remained to be done at the commencement of the ſixteenth century; and particularly that the practice of midwifery had not been yet attended to, unleſs as a part of ſurgery.

It is neceſſary to obſerve, that this order, in which we are ſpeaking of different writers, is not meant as recommending an order of ſtudy; becauſe it ſeems to be univerſally agreed, that it is beſt for learners to begin with acquiring a knowledge of thoſe authors, who have written on the principles and practice of the preſent time, and thence to proceed to the ſtudy of former writers and of the ancients, by which method of proceeding much critical, and ſome practical knowledge may be obtained.

In

In the year 1560, *Francis Bacon*, afterwards Lord *Verulam*, was born, a man whoſe fame will receive no addition from any applauſe, which it is in my power to give. He was a meteor, from whoſe luſtre all nature received ſome light. Though he did not apply himſelf particularly to the ſtudy of medicine, he has left many uſeful obſervations relating to it; and he promoted this, and almoſt every other branch of knowledge, by teaching and practiſing the only effectual method of acquiring it. The more profound works of this writer are perhaps to be ſtudied with advantage only by men who have a greater ſhare of genius than common, or by thoſe who have been bleſſed with a learned education; but his tractate *de Augmentis Scientiarum* may be of uſe to all, as, if read with care, it is not difficult to underſtand, and abounds with the moſt acute obſervation and profitable inſtruction, though he himſelf ſpeaks of it in lowly terms.

In the year 1578 *William Harvey* was born at *Folkſton*, in *Kent*; and, having completed his ſtudies at *Cambridge*, he went to *Padua*, where he was admitted to the degree of Doctor in unuſually flattering terms of approbation, in 1602. In the year 1615 he was appointed by the College of Phyſicians, to read the lectures on anatomy and ſurgery; and in theſe he firſt promulgated his diſcovery of the circulation of the blood, a diſcovery ſo complete, that no perſon

perſon has ever controverted one poſition, or amended his explanation. With all the ſagacity and perſeverance of a truly great man, he applied himſelf to form an entire hiſtory of the generation of animals, with that of the preceding and accompanying changes; but his ſtudies were interrupted, and many of his papers loſt, in the time of the civil war. It does not appear, that he had determined to publiſh the reſt, though finiſhed with admirable correctneſs, till he was prevailed upon by the ſolicitations of his intimate friend Sir *George Ent*, who ſuperviſed the printing of them in *Engliſh*, in the year 1653; but I have no other authority for this fact than the preface to that edition written by Sir *George*. By inclination, or the neceſſity of his affairs, *Harvey* was engaged in the practice of Midwifery, by which means he got that information, which enabled him to write his "*Exercitatio de partu*," and the many excellent obſervations upon that ſubject, with which his works abound. He clearly entertained an opinion, that the knowledge of the circulation, the conſtituent parts, and properties of the blood, would enable phyſicians to cure all diſeaſes; but experience has not confirmed its truth. The diſcoveries which *Harvey* made, the many ſubjects which he illuſtrated, and the delicacy and patience which he exerciſed in his inveſtigations, then unknown in this country, entitle him to the higheſt honour as an anatomiſt,

miſt, and as a man of ſcience. He died at eighty years of age, honoured and beloved for the greatneſs of his abilities, the ingenuouſneſs of his diſpoſition, and the mildneſs of his manners. His character is ſtrongly marked in a fine picture of him, taken in his old age, now in the muſeum of the late Dr. *Hunter*.

From the gradual progreſs of ſcience, from the encouragement it received, or from the example of the two illuſtrious men juſt mentioned, *Harvey* and *Bacon*, a happier proſpect dawned upon *Britain*, to which I muſt beg leave to call your particular attention *.

Thomas Sydenham was born in the year 1624, and graduated at *Oxford*. He applied himſelf to the practice of medicine, and wrote his account of the continued fever of 1661, and the three following years; which fever he probably then ſuppoſed, to be the only one in nature. But farther experience convinced him, that there were many kinds of fever; and of theſe he has given an account to the year 1683, together with diſſertations on the ſmall-pox, dropſy, gout, hyſteric, and many ſporadic diſeaſes. Some notice is alſo taken of the diſeaſes incident to women in childbed, and of many of the complaints of children. His works, originally written in *Engliſh*, and after-

* The greater part of this preface was given as an introductory Lecture.

wards

wards tranſlated into *Latin* by his friend Dr. *Mapletoft*, were publiſhed in diſtinct parts, and at different times, as the occaſions occurred to him. The writings of *Sydenham*, whether we conſider the ſagacity and order with which the obſervations are made, or the fidelity with which they are recorded, have been held by all ſucceeding phyſicians in the higheſt eſteem; and, from the time of *Hippocrates* to the preſent, he has been deſervedly conſidered as the beſt example of a faithful obſerver of diſeaſes, and practical phyſician. Though it muſt be acknowledged, that he was often wrong in his theory, and in ſome inſtances in his practice, his deſcriptions of diſeaſes are allowed to be excellent; but his omitting to ſpecify the preciſe times or ſtages of diſeaſe, when his method of treatment was to be applied, very much leſſens the value of his work. He died in the year 1689.

Francis Cliffon was educated at *Cambridge*, where he became *Regius Profeſſor*. He was one of the phyſicians to Queen *Elizabeth*, and to *James* the firſt. In 1654 he publiſhed his "Anatome Hepatis," on the internal ſtructure of which *viſcus* he made ſeveral new obſervations; in 1650, his "Tractatus de Rachitide," which diſeaſe he was the firſt who deſcribed; and after ſome years (in 1676) his book "De Ventriculo & inteſtinis," in which he firſt took notice of the irritability of the ſimple fibre; ſo that

that he has an undoubted right to the credit of being the father of all the doctrine of irritability, ſince unjuſtly attributed to *Haller*, and on which ſo many volumes have been written without the mention of *Gliſſon's* name. This could not have happened, if his works had been printed in the *Engliſh* language. He alſo publiſhed a treatiſe "*De Naturæ Vita, vel ſubſtantiæ energeticæ*," which he calls the *prodromus* of his Treatiſe de *ventriculo & inteſtinis*, but of this I have never ſeen a copy. *Gliſſon* lived to be upwards of one hundred years of age*, and died at *Streatham*, to which place he had retired.

Thomas Willis, *Sedleian* Profeſſor at *Oxford*, was born in the year 1621, and publiſhed, as the foundation of a large deſign, his "Cerebri "Anatome, cui acceſſit Nervorum Deſcriptio & "Uſus," in 1663. In this work he was much aſſiſted by Dr. *Lower*, who was in fact his diſſector and demonſtrator, and the drawings were taken by the famous Sir *Chriſtopher Wren*. The terms in which *Willis* ſpeaks of *Lower* ſeem deſcriptive of both their characters—*cujus cultelli & ingenii aciem, lubens agnoſco—emicuit viri ſolertia plane admiranda, nec non indefatigabilis induſtria, nulloque obice ſiſtendus labor.*

In 1672 he publiſhed his work "De Anima "Brutorum," which is to be conſidered as a ſequel to the former. It is a work of infinite

* See the general Biographical Dictionary: or the Annual Regiſter for the year 1767.

labour,

labour, reflection, and ingenuity, in which he describes the immediate causes and effects of the diseases arising from nervous influence. There are in this book four plates, three extremely fine, representing a dissected oyster, a lobster, and an earth-worm.—In 1673 he published the first part of his "Pharmaceutice Rationalis, sive Diatriba de Medicamentorum "Operationibus in Humano Corpore," a work composed of anatomical, physiological, and practical observations, with many curious plates of the lymphatics, vasa vasorum, and other finer parts of anatomy. He died before the second part of this work was printed, in the preface to which there is a short account of his life and writings. The works of *Willis* are very numerous and useful, and bear indubitable marks of great learning, genius, and industry, but they are seldom studied. Perhaps his medical works may be too philosophical for practical physicians, and his philosophical works too much blended with medicine, to please philosophers; and it does seem possible, by the study of arrangement and subtilties of science to loose sight of practice, as by the present systems of botany its relation to medicine is become almost forgotten. But there is scarcely a subject connected with the science or practice of medicine, which has not been cultivated by *Willis*. His chapter on the puerperal fever, when simply inflammatory, is judicious and good. He died in the year 1675, having

founded

founded a lecture-ſhip in the church of St. *Martin* in the Fields, where prayers are read at an early hour chiefly for the convenience of medical men. His practical works were badly tranſlated into *Engliſh* in 1685, and afterwards all his writings, but in in a language never very good, and now become obſolete.

Nathaniel Highmore wrote his "Diſquiſitiones "Anatomicæ," in 1651, and "A hiſtory of "the Generation of Plants and Animals," in which it appears, that he made many diſcoveries, particularly of the *antrum* in the upper jaw, to which his name has ever ſince been given.

Contemporary with theſe was *Walter Needham*, educated at *Cambridge*, then appointed phyſician to the Charter-houſe in *London*, but who afterwards reſided at *Shrewſbury*. He wrote "Diſquiſitio Anatomica de Formato Fœtu," a work of deſervedly high eſtimation, in which he takes the opportunity of treating not only upon the contents and economy of the gravid *uterus*, but upon the lacteals and lymphatic ſyſtem, and many other anatomical ſubjects.

In the year 1656 *Thomas Wharton* publiſhed his "Adenographia," a work of eſtabliſhed reputation, in which, among other things, he has obſerved ſome which relate to the gravid *uterus*. This work is quoted in the firſt edition of *Nuck's Adenographia et Uteri Anatomia*, which

is

is dated in 1679. On the claims to the firſt diſcovery of the lymphatics there ſeem to have been early debates, and from the curious verſes prefixed to *Ruyſch*, who firſt deſcribed their valves, the diſputes upon the diſcovery of the lymphatics, appear to have been national. But if we conſider the labours of Dr. *William Hunter* on this ſubject, and above all the perſpicuous and connected arrangement he has made of the glandular and lymphatic ſyſtem, we muſt be convinced that the principal merit in this part of anatomy is due to him.

Nathaniel Henſhaw publiſhed his "Aero-Chalinos" in the year 1677. This contains the five following tracts:—"On Fermentation—Chy-"lification — Reſpiration — Sanguification— "The good effects of changing Air."

About the ſame time lived *Walter Charlton*, who publiſhed "Onomaſticon Zoicum" in the year 1668, and in the following year his "Economia Animalis," of which Sir *George Ent* gave this character—*opus maturo conſilio inchoatum, magna cura elaboratum, ingenio denique et doctrina ſingulari perfectum.* *Charlton* wrote ſeveral other works, particularly "De cauſis "Catameniorum et Uteri Rheumatiſmo."

He alſo publiſhed the works of *Theodore Mayerne*, to whom a vain monument was erected in the church of St. *Martin* in the Fields.

In 1668 Dr. *Mayow* of *Oxford* publiſhed his works,

works, entitled "Opera omnia Medico-Phyſica" in the *German* edition, which is the only one I have ſeen.

Theſe conſiſt of the following eſſays:—1. De Sal-Nitro et Spiritu Nitro-aereo.—2. De Reſpiratione.—3. De Reſpiratione fœtus in utero & ovo.—4. De Motu Muſculari & Spiritibus Animalibus.—5. De Rachitide. In theſe he treats of many other intereſting and curious ſubjects, which have been lately brought into public notice, and much approved, though *Mayow* ſeems to have been greatly neglected; but this may be accounted for by his dying at the age of thirty-five.

Dr. *Richard Lower*, before mentioned in the account of *Willis*, in 1676 publiſhed his "Tractatus de Corde, item de motu et colore Sanguinis, et chyli in eum tranſitu."

This celebrated work has many obſervations on the lymphatics, and the *receptaculum chyli*, which he conſidered as their general centre, as early as *Pecquet*. He alſo made many curious anatomical and phyſiological experiments, and in this work aſſerts his claim to the invention of the art of tranſuſing blood, to which he ſeems to have been very partial.

The Chirurgical Treatiſes of *Richard Wiſeman* were dated in 1676, and allowing for the time when they were written, are acknowledged to have great merit. He may not unjuſtly, perhaps, be eſteemed the firſt *Engliſh* ſurgeon. "The

Comes Chirurgorum," containing Dr. *Read's* Lectures, was printed in 1686. But the improvements in ſurgery did not keep pace with thoſe in phyſick, for in the laſt, and even in the beginning of this century, it was not unuſual for foreign ſurgeons to come into this country, to perform the nicer and more difficult operations, ſuch as thoſe for lithotomy, all diſeaſes of the eyes, and every thing which related to the teeth. But *Cheſelden* acquired ſo much fame by his dexterity in cutting for the ſtone, that the King of *Sweden* ſent his ſecretary of ſtate into *England*, for the expreſs purpoſe of having that operation performed by *Cheſelden*, who ſucceſsfully extracted from him a ſtone of an unuſually large ſize. Every operation appertaining to the eyes is now performed with the moſt conſummate ſkill and dexterity, and with correſponding ſucceſs, by *Wathen*, *Ware*, and *Phipps*; and thoſe for the teeth by the *Spences*, and many others. It is at the preſent time univerſally acknowledged, that the *Engliſh* ſurgeons equal, in every reſpect, if they do not exceed, thoſe of any other nation.

Dr. *Nehemiah Grew* publiſhed ſeparately, though they were afterwards collected into one volume, his "Anatomy of Plants," in which there are many obſervations reſpecting the ſolutions of ſalts; his "Anatomy of Roots—"Comparative Anatomy of Trunks," between the

the years 1670 and 1680—"Coſmologia Sacra," and ſeveral other works.

At the ſame time lived *John Ray*, the celebrated Botaniſt. In 1685 Dr. *Samuel Collins*, Phyſician to Charles the 2d publiſhed "A ſyſtem of Anatomy treating of the body of Man, Beaſts, Birds, Fiſh, Inſects, and Plants." An elaborate work, and of conſiderable merit for the time when it was written. *Mayſield* printed his *Exercitationes Anatomicæ* in 1678; *Molins* his work on the muſcles in 1680; and *Blanchard* his *Anatomia* in 1688.

Clopſton Havers publiſhed his "Oſteologia Nova" in 1690.

In this work he deſcribed the mucous glands of the joints, which he diſcovered, and the internal ſtructure and many diſeaſes of the bones, cartilages, &c.

In the year 1695 *Ridley* publiſhed his "Anatomy of the Brain," of which he is ſaid to have diſcovered the lymphatic veſſels; and his "Obſervations," in which he treats on ſeveral abſtruſe parts of anatomy.

Dr. *Richard Morton* publiſhed his "*Phthiſiologia*" in 1689; his "Pyretologia, ſeu de Morbis acutis univerſalibus" in 1691; and his work "De Febribus inflammatoriis" in 1694. *Sydenham's* treatment of Fevers was almoſt univerſally antiphlogiſtic; *Morton's* on the contrary, was cordial and ſudorific; but we have between theſe two writers moſt of the ar-

guments, which have been advanced in favour of both methods of practice.

The first edition of *Cowper's* "Myotomia Reformata" was published in 1695; and *Keil's* Anatomy in 1698.

By the writings of these very eminent men, and of many others whom I might have named, particularly of the celebrated *Robert Boyle*, it appears that the physicians and surgeons of this country were, from the beginning to the end of the seventeenth century, indefatigable in the acquisition and improvement of science; that they were not only acquainted with the general knowledge of the *Greeks*, *Romans*, *Arabians*, *Italians*, and *French*, but might fairly be put in competition with those of any other nation, if they did not excel them; and that all the changes we have seen were produced in less than two hundred years, that is, from the time when the College of Physicians was established, in the year 1518, to the termination of the seventeenth century. Early in the eighteenth century the benefits of medicine to society were rendered conspicuous by the introduction into *England* of the practice of inoculating for the small-pox, for the knowledge of which we are indebted to the sagacity and judgment of Lady *M. W. Montague*. The mortality attending that disease in a natural way was estimated at least as one in eight; but by inoculation it scarce amounts to one in a hundred. Many objections

tions were made to inoculation, when firſt introduced; but the practice being conducted with much caution and underſtanding, by able medical men, and protected by queen *Caroline*, at length became general. It required, however, the experience of fifty or ſixty years, to bring inoculation to its preſent ſtate of perfection, the merit of which is excluſively due to *Engliſh* phyſicians and ſurgeons; for the practice was ſtrongly reſiſted by many other nations. Inoculation for the cow pock as a preventive of the ſmall-pox, has been lately diſcovered and recommended by Dr. *Jenner*, a phyſician of great worth and abilities, to whom only we are alſo indebted for the firſt account of the cow-pox as a part of natural hiſtory, and for our knowledge of the treatment of the diſeaſe when inoculated. As far as can be judged at preſent, Dr. *Jenner's* propoſal, when carried into execution, will be the means of ſaving much anxiety, and many lives, and may perhaps lead to the extinction of the ſmall-pox.

I muſt in this place beg leave to make a digreſſion. In the year 1668 *Herman Boerhaave* was born near *Leyden*. He was originally deſigned for the church, but was led by inclination, and the ill ſtate of his own health, to apply himſelf, when very young, to the ſtudy of medicine. He graduated in the year 1693, was choſen Lecturer on the Inſtitutes of Medicine in 1701, and enjoyed all the honours, which

the univerſity could beſtow, or the city of *Leyden* confer upon him. He raiſed the reputation of this ſchool of medicine beyond that of any other in *Europe*. The induſtry of *Boerhaave*, in the purſuit of knowledge of every kind, is almoſt incredible; that of any other man compared with his may be called amuſement; the facility, with which he communicated this knowledge to others, was beyond expreſſion happy; and his whole conduct, in every religious, moral and ſcientific view, to the higheſt degree laudable. He was greatly honoured in his life, and his memory is univerſally reſpected. His hiſtory, which was written by Dr. *Samuel Johnſon*, muſt ever remain a very uſeful ſtudy to medical men, and an example of fine compoſition. *Boerhaave* died in the year 1738, in the 70th year of his age.

Among the favourite ſtudents of *Boerhaave* was *Alexander Monro*, who in the year 1719 returned from *Leyden* to *Edinburgh*, a city at that time not diſtinguiſhed by any eminence in medicine. But in the following year Dr. *Monro* being choſen profeſſor of Anatomy and Surgery, and Dr. *Alſton* of Botany, they began to give Lectures, and by their abilities ſoon acquired that high reputation, which enabled them to eſtabliſh a ſchool of medicine, which they had the very great ſatisfaction of raiſing to an equal degree of honour with that of any preceding or preſent time. Dr. *Monro* died in the

the year 1767, leaving behind him many valuable works, which were afterwards collected into one volume, and published by his ſon Dr. *Alexander Monro*, who ſucceeded his father as profeſſor. By this eſtabliſhment, the further advantage was gained to *Britain* of having at *Edinburgh* a ſucceſſion of very able and eminent men, who dedicated the chief part of their time to the acquiſition and improvement of medical ſcience, and to the inſtruction of thoſe who were intended for the profeſſion.

Here I ſhall conclude theſe general obſervations, and confine myſelf to ſuch only as relate to the practice of midwifery, premiſing a ſhort remark on a ſubject, in which the intereſts of ſociety, and the claims of individuals, are deeply concerned.

The economy of the medical profeſſion has, in this country, undergone many alterations, according to thoſe of ſociety at large. Phyſicians, who are called to take charge of all caſes of uncommon difficulty or danger, or of the lives of perſons of high rank and eminence, have generally ſuch an education, as leads not only to the acquiſition of medical knowledge, but to the cultivation alſo and higheſt improvement of all the powers of the mind. But the operative, and all the inferior parts of the profeſſion fall under the conduct of thoſe, who have been educated as ſurgeons, or apothecaries.

By the former of theſe are performed all the operations in ſurgery, many of which require an admirable combination of mental and perſonal qualities; and to their ſkill and care the lives of the greateſt part of the lower claſs of people, and of thoſe who ſerve in the army and navy, are almoſt conſtantly ſubmitted in every branch of medicine. In order to their being duly qualified for theſe important duties, young men, having received a reaſonable ſhare of claſſical education, are bound, for a certain term of years, to ſome perſon, competent to give them proper inſtruction and information. To ſuch young men it can only be neceſſary to obſerve that they will at ſome future time be called upon, to take charge of the *lives of men*, for which they muſt be reſponſible, not only to the laws of God, but to the law of the land; which has the power of inflicting ſuch puniſhment, as any particular inſtance of ignorance or negligence may be proved to deſerve; and, which is beyond all other puniſhment, their names may become ignominious. I may therefore be permitted to recommend the profeſſion of any part of medicine, as a very ſacred truſt to thoſe who engage in it; the neceſſary and proper qualifications for which demand all their attention, and the ſober, conſtant, and moſt induſtrious application of all their abilities. But it is very much to be doubted, whether ſome of thoſe, who, both as parents and maſters, take

take the charge of ſuch young men, are not ſometimes ſelfiſh, and negligent in the performance of that ſhare of the duty, which they undertake; and whether, having received the gratuity uſually paid, they give due attention either to the morals of the young men, or inſtruct them properly in the knowledge of their profeſſion. Through this negligence of the maſters, or the thoughtleſſneſs and inattention of the young men, at the end of their ſervitude theſe muſt of neceſſity frequently be ignorant of many things which they ought to know, to their own misfortune and diſgrace, and to the great prejudice of ſociety.

By the nature of one part of my employment, that of giving Lectures, I have had too many opportunities of knowing the truth of this remark; and with the greateſt unwillingneſs to give offence, I feel called upon to make the preceding animadverſions, in confirmation of which I beg leave to add the following quotation from unexceptionable authority.

"Clerks and apprentices ought to be em-
"ployed *entirely* in the profeſſion or trade, which
"they are intended to learn. Inſtruction is their
"hire; and to deprive them of the opportunities
"of inſtruction, by taking up their time with
"occupations foreign to their buſineſs, is to
"defraud them of their wages *.

* *Paley's* Moral and Political Philoſophy, Vol. I.

The

The "Byrth of Mankynd, or the Woman's "Book," with ſketches not badly intended or engraved, was printed in the year 1540: and as it went through many editions, and as I find no other book of equal value publiſhed about that time, I conſider it as having been the popular book for near one hundred years; that is, till the year 1634, when all the works of *Ambroſe Parè* were tranſlated in one volume. *Parè* was a man of much experience, ſome erudition, and not a little credulity, but he made many uſeful obſervations relative to midwifery. In the year 1653 *Harvey's* Exercitations were publiſhed in *Engliſh*, but whether tranſlated or original I cannot decide. About the ſame time alſo lived Dr. *Chamberlen*, a very celebrated phyſician, who applied himſelf to this branch of the profeſſion*. He had three ſons, who, with their father, were ſuppoſed to have a better method of relieving women in caſes of difficult parturition than any other perſon, by means of an inſtrument ſaid to be the *forceps*, but which I believe to have been a *vectis*; or perhaps they had more than one inſtrument. One of the ſons went over to *Paris*, with a view of ſelling the ſecret, or of making a fortune by practice; but being

* A very elegant monument was erected in *Weſtminſter Abbey* to this Dr. *Chamberlen* by the Duke of *Buckingham*, of whom he has alſo in his Eſſays given a very amiable character.

foiled in the firſt caſe to which he was called, yet acting without diſcretion and ſuffering more obloquy than he deſerved, he returned to *England*, and immediately publiſhed a tranſlation of *Mauriceau's* work, which remained for many years in very high eſteem. This was in the year 1672.

Having been favoured by the late Dr. *Kirkland* with a manuſcript written by Dr. *Percival Willughby*, who lived at *Derby*, and afterwards in *London*, I am able to give the reader ſome idea of the practice of that time, many of the caſes being dated from 1640 to 1670. This work is entirely practical, and was intended to be publiſhed for the uſe of midwives, there being a title page, and two copies with variations.

His preface is in this manner:

"I haue read many bookes, with all the late "writers in midwifery, and I do perceiue that "they all follow one common roade, taking "their ſeueral ſcheemes and figures one from "another.

"In ſeueral of theſe ſcheemes uarious things "may be perceiued which will be troubleſome "to the labouring woman, which a judicious "practicioner will not followe. Let midwiues "mark whatt hath been written in my obſer-"uations, let them conſider diligently the "ſeueral reportes not faigned, or the furmiſed "thoughtes, nuctors, or man's fantaſie, ſitting "and meditating in his ſtudye, but which "really

" really haue been performed in the trauailing
" woman's chambre.

" From mine and their directions let mid-
" wiues chooſe the beſt and facileſt waies of
" relieuing women in affliction, and to decide
" all diſputes, let reaſon be the judge, let expe-
" rience argue the dubious points of practice;
" and, after a full debate, let unſpotted truth
" recorde to ſucceedinge times what is moſt
" fitt to be followed and uſed, &c."

This is a ſpecimen of his illuſtration. " Let
" midwiues obſerue the waies and proceedings
" of nature for the production of her fruit on
" trees, or the ripening of walnutts and al-
" mondes, from theire firſt knotting to the open-
" ing of the huſkes and falling of the nutt; the
" greene huſkes ſticking ſo cloſe that it is not
" poſſible to ſeparate the huſke from the ſhell,
" whilſt it is unripe; but as the fruit ripeneth
" the huſke choppeth and with a fiſſure openeth,
" and by degrees ſeparateth the fruit without
" any enforcement.

" An egge repreſenteth the wombe; now the
" henne with keeping the egge warm doth
" breed the chicken, which when it comes to
" maturitie doth chip the ſhell, and is by degrees
" hatched without injurie. Theſe ſignatures
" may teach midwiues patience, and perſuade
" them to let nature alone to perform her owne
" worke, and not to diſquiet women by their
" ſtrugglings, for ſuch enforcements rather hin-
" der

" der the birthe than any waie promote it, and " oft ruinate the mother and uſually the childe; " and let midwiues knowe that they be nature's " ſeruantes, &c." *Willughby's* practice is not much different from that of the preſent time. He divides labours into two kinds only, natural and unnatural. The particular rules I cannot pretend to deſcribe in this place; but the following letter, which he has quoted from a ſcarce work, correſponds ſo nearly with an obſervation it was my fortune to make ſome years before I ſaw this manuſcript, that I may be excuſed relating it.

" Referam hoc caſu, quid beatæ meæ conjugi " acciderit. Tertio fœtu gravidam, nono præg- " nationis menſe, labores parturientium arripi- " unt circa noctem. Mox rupta aqua (ut hic " mulieres loqui amant) extra genitale, infan- " tuli manus propendit. Ubi obſtetrix adve- " niſſet, uxorem meam in ſedili collocavit, eam- " que ad continuos conatus (me nolente nec in- " ſtigante natura) adegit. Cum vero res eo " modo non ſuccederet, meamque conjugem ſu- " pra ſedem continuo detineret, ac diris crucia- " tibus illapſum ex uteri cervice manum brachi- " umque retrudere niteretur, quo fœtum ad ex- " itum commodius diſponeret. Ego præ dolore " charæ meæ conjugis impatiens, ac indefinen- " ter obſtetricem admonens, ne quidem elapſi " membri reductionem in uterum cogitaret poſſi- " bile, multo minus moliretur, ſecundam obſte-

"tricem accerſiri juſſi, præſertim cum uxor "mihi nunciaret, quod obſtetrix eam dilaceraret "per illam præconceptam ac miſeram elapſi "membri repulſionem. Cum inſequenti die, "obſtetrix altera veniſſet, illa manus ad opus ap- "plicans remque diligenter explorans, uxorem "meam in lectum depoſuit, mandavitque ut ſe "quietam deteneret, nulloſque conatus excitaret, "niſi quando natura eam ſui admoneret officii.

"Interim obſtetrix illa prudens et expertiſſima "prædixit mihi amiciſque præſentibus, uxorem "meam non ante parturam, quam fœtus in "utero, ex indebito ſitu, conatibus ſtrangula- "retur, quod eventus docuit. Multiplicati ſunt "labores parturientis, et fœtus inflexo ad dor- "ſum capite, (ſalva matre) prodiit in lucem*."

By a genealogical manuſcript, written by the firſt Ducheſs of *Chandos*, in the poſſeſſion of Colonel *Kearney*, it appears, that this Dr. *Willughby* was one of the ſix ſons of Sir *Percival Willughby*, and grandſon of Sir *Francis*, ſo famous in the time of Queen *Elizabeth*.

It is probable, that the fortune and eminence acquired by the ſuppoſed advantages of the method of the *Chamberlens*, which they reſerved as a ſecret, might be the occaſion, that many gentlemen, engaged in practice, endeavoured to eſtabliſh themſelves upon the ſame principles, that is, of concealing the inſtruments they uſed; of which claſs was Dr. *Bamber*. Others

* Novus exortus hominis et animalium. *Autor. Everard.*

might

might attempt to gain equal reputation and fortune by the very contrary means, that is by decrying the uſe of inſtruments of every kind, on any occaſion; for about the year 1723, Dr. *John Maubray* publiſhed a volume upon this ſubject, called "The Female Phyſician, or the "Whole Art of New improved Midwifery," in which he exclaims with great vehemence againſt their uſe, and the book, though written in quaint language, has ſome general merit. In the following year he alſo publiſhed an appendix, under the title of "Midwifery brought to "Perfection," in which he demands great credit for the many improvements he had made. This appendix is in truth no more than a *Syllabus* of his Lectures, a courſe of which conſiſted of twenty, twelve anatomical and phyſiological, and eight practical. I believe it would be unjuſt, to deny to *Maubray* the credit of having been the firſt public teacher of Midwifery in *Britain*. He gave his Lectures at his houſe in *Bond-ſtreet*.

In the year 1719 *Dionis'* Midwifery was tranſlated into the *Engliſh* language; and in the year 1729 *Deventer's* work was tranſlated and publiſhed: and though it appears, that rather more credit has been given to this author than he deſerved, yet as he enters upon a diſcuſſion of the cauſes of many difficulties which occur in practice, and of the means of relieving them, and as he was generally averſe

to

to the uſe of inſtruments, *Deventer's* work might be eſteemed a conſiderable addition to the ſtock of obſtetric knowledge in this country. *Deventer* was originally a watch-maker.

Dr. *Simſon*, profeſſor at *St. Andrew's*, publiſhed in 1729 his "Syſtem of the Womb," a work of ſufficient ingenuity, but not of much uſe in practice, even if his theory were true.

About the year 1733 *Edmund Chapman* publiſhed his "Treatiſe on the Improvement of "Midwifery," in which there are ſeveral uſeful obſervations; and other writings of temporary conſequence only. *Chapman* was the ſecond public Teacher of Midwifery in *London*, and he was the firſt alſo who deſcribed the *Forceps*, in the third volume of the *Edinburgh* Medical Eſſays.

In the year 1734 Dr. *Hody* publiſhed a "Collection of Caſes in Midwifery," written by Mr. *William Giffard*. Theſe caſes, two hundred and twenty-five in number, ſeem to be written with great fidelity; and as they occurred in his own practice, they were leſſons of conduct which was to be purſued in ſimilar caſes, and may now be conſidered as examples of the ſtate of practice at that time. *Giffard* alſo gave a plate repreſenting the *Forceps*, and was I believe, among the firſt who aſſerted, that the *placenta* might be attached over the *os uteri*.

"The Midwife rightly inſtructed" was publiſhed

liſhed in the year 1736 by *Thomas Dawke*; and the "Midwife's companion" by *Henry Bracken*, in the following year, with ſeveral other things equally unimportant.

About this time lived *Richard Manningham*, who quitted the profeſſion of Pharmacy, and applied himſelf with great aſſiduity to the practice of Midwifery. In a controverſial pamphlet, publiſhed in the year 1730, he is mentioned as having been knighted. In the year 1739 he eſtabliſhed a ward, or ſmall hoſpital, in the parochial Infirmary of *St James, Weſtminſter*, for the reception of parturient women only, which was the firſt thing of the kind in the *Britiſh* dominions. At this ward, which was ſupported by public ſubſcription, he gave lectures, and the ſtudents had opportunities of being qualified for practice. He publiſhed a "*Compendium Artis obſtetricæ*," a "*Treatiſe on the Febricula*," on the "Uſe and Abuſe of Phyſic," "*Aphoriſmata Medica*," and many other eſſays, relating chiefly to the practice of Midwifery. Sir *Richard Manningham* was a man of much learning and information, eminent and ſucceſsful in practice, and very humane in the exerciſe of his art. He died about the year 1750. Before that time there had alſo been publiſhed a tranſlation of *Heiſter's* Surgery, and this, containing not only a general outline of midwifery, but many excellent practical obſervations, muſt have been a ſource of great

benefit in a country not then overſtocked with information.

Sir *Fielding Oulde* of *Dublin*, in the year 1741, publiſhed a "Treatiſe of Midwifery," the moſt intereſting parts of which are his obſervations on the continuance of the thickneſs of the *uterus* during pregnancy, and his deſcription of the manner in which the head of a child paſſes through the *pelvis* at the time of birth; the truth of which obſervations has ſince been fully proved and acknowledged.

Having taken this ſhort and imperfect view of the progreſs of Midwifery in this country, from 1540 to the year 1740, it will be prudent to conclude, or this preface would be carried to an inadmiſſible length. The *Engliſh* might then be ſaid not only to have purſued, but to have been in full poſſeſſion of the ſubject; all the books written in the neighbouring countries being tranſlated, public lectures given, and an hoſpital eſtabliſhed for the farther improvement of the art, which was taught by men of ability and eminence in practice. As all the books and papers printed ſince that time may be readily procured, every gentleman has an opportunity of forming his own opinion of their reſpective merits without any laborious reſearch. But the College of Phyſicians having been pleaſed, in the year 1783, to form a rank, in which thoſe who dedicate themſelves to the practice of Midwifery ſhould be placed, I truſt

that future accounts will be more appoſite and correct; and that this meaſure adopted by the College will promote the public benefit, by confining the induſtry and abilities of one claſs of men to this branch of the profeſſion. It is my earneſt wiſh, to ſupport their views in this wiſe and benevolent arrangement, as the fruits of which, I do entreat Doctor *Thomas Giſborne*, Preſident of the College of Phyſicians, not leſs dignified by his learning, and the integrity and liberality of his principles and conduct, than by his rank in the profeſſion, to accept theſe two volumes, dedicated, with all reſpect, by

his moſt obedient

and obliged ſervant,

THO. DENMAN.

London, February 22, 1804.

CONTENTS

OF THE

FIRST VOLUME.

Page.

Preface - - - - iii

CHAPTER I.

ON THE PELVIS.

SECT. I. On the bones of the pelvis - - 1
II. On the connexions of the bones of the pelvis - - - - 9
III. On the ſeparation of the bones of the pelvis - - - - 12
IV. On the reunion of the bones of the pelvis 25
V. On the poſition and ſtructure of the pelvis 28
VI. On the formation of matter between the looſened bones of the pelvis - 33
VII. On the form and dimenſions of the pelvis 35
VIII. On the dimenſions and ſtructure of the head of the fœtus - - 37

Page.

SECT. IX. On the application of mechanical principles to midwifery - - - 40
X. On diſtortion of the pelvis - - - 43

CHAP. II.

ON THE EXTERNAL PARTS OF GENERATION.

SECT. I. Deſcription of the external parts - 50
II. On tumours and excreſcences of the external parts - - - 52
III. On edematoſe ſwellings of the external parts - - - 55
IV. On the coheſion of the labia - - 56
V. On abſceſſes of the labia - - 57
VI. On laceration of the perinæum - 58
VII. On a peculiar laceration of the perinæum 63
VIII. On the enlargement of the clitoris - 64
IX. On diſeaſes of the bladder and urethra - 65
X. On the pruritus or itching of the external parts of generation - - 67
XI. On the hymen - - - 69

CHAP. III.

ON THE INTERNAL PARTS OF GENERATION.

SECT. I. Deſcription of the internal parts - 73
II. On the contraction of the vagina - 83
III. On the coheſion of the vagina - 86

SECT.

Page.

SECT. IV. On cicatrices in the vagina - 87
V. On polypi - - - 89
VI. On fluor albus - - - - 106
VII. On prolapſus uteri - - - 109
VIII. On hydatids of the uterus - - 117
IX. On the dropſy of the uterus - - 118
X. On the tympany of the uterus - 120
XI. Of moles - - - 121
XII. On the dropſy of the ovaries - 125
XIII. On inflammation, ſcirrhus, and cancer of the ovaries - - - 133

CHAP. IV.

ON THE PARTS CONTAINED IN THE CAVITY OF THE PELVIS.

SECT. I. On the retroverted uterus - - 138
II. On the retroflected uterus - - 152
III. On the dropſy of the perinæum - 153
IV. On the elytrocele - - 158

CHAP. V.

ON MENSTRUATION.

SECT. I. On the menſtrual diſcharge - - 160
II. On the efficient cauſes of menſtruation 167
III. On the final cauſes of menſtruation - 171

Page.

SECT. IV. On the formation of a deciduous membrane - - - - 174
V. On obſtruction of the menſes - 177
VI. On exceſſive menſtruation - - 184
VII. On painful menſtruation - - 186
VIII. On the treatment which may be proper at the time of the final ceſſation of the menſes - - - 188

CHAP. VI.

ON CONCEPTION.

SECT. I. On the different theories of conception 197
II. On the growth of minerals, vegetables, and animals - - - 204
III. On the ova of animals - - 211
IV. On the difference of the ſtructure of the uterus in different animals - 214
V. On the firſt ſtage of conception - 216
VI. On the formation and ſtructure of the fœtus - - - 219
VII. On the funis umbilicalis - - 225
VIII. On the placenta - - 227
IX. On the membranes - - 232
X. On the liquor amnii - - 234
XI. On the changes which the uterus undergoes in conſequence of impregnation - - - 237

CHAP.

CHAP. VII.

ON THE SIGNS OF CONCEPTION, AND THE DISEASES OF PREGNANCY.

		Page.
Sect. I.	On the ſigns of conception - -	247
II.	On quickening - - -	255
III.	On the ſuppreſſion of the menſes during pregnancy - - -	257
IV.	On the febrile diſpoſition attending pregnancy - - -	259
V.	On the uſe and abuſe of exerciſe during pregnancy	261
VI.	On vomiting - - -	263
VII.	On indigeſtion, and depravity or loſs of appetite - -	267
VIII.	On heartburn - -	270
IX.	On coſtiveneſs - -	271
X.	On collections of indurated fæces in the inteſtines - - -	273
XI.	On the hemorrhoids - -	275
XII.	On blotches of the ſkin and jaundice	276
XIII.	On teneſmus, diarrhœa, and dyſenteric complaints - - -	277
XIV.	On the ſtrangury and incontinence of urine - - -	279
XV.	On fluor albus - -	280
XVI.	On erratic pains, cramp, and numbneſs of the inferior extremities -	281
XVII.	On varices of the legs, thighs, and abdomen - - -	283

Page.

SECT. XVIII. On inquietude and want of ſleep 284
XIX. On the ſolicitude and anxiety attending a ſtate of pregnancy - - 286
XX. On headachs, drowſineſs, vertiginous complaints, and hemiplegia - 287
XXI. On anaſarcous ſwellings of the inferior extremities - - 289
XXII. On aſcites - - - - 290
XXIII. On partial diſtention of the abdomen and umbilical herniæ - - 291
XXIV. On the exceſſively diſtended and pendulous abdomen - - 293
XXV. On the venereal diſeaſe - - 294
XXVI. On the ſmall-pox.—General remarks on diſeaſes occurring during pregnancy - - - 297

CHAP. VIII.

ON UTEROGESTATION.

SECT. I. On the ſituation of the fœtus in utero 300
II. On the term of uterogeſtation - 303
III. On the cauſes of labour - 308
IV. On the prediſpoſing ſigns of labour - 312
V. On examination - - 316

CHAP. IX.

ON LABOUR.

SECT. I. Claſſification of labours - - 324
II. On natural labour - - 325

Page.

SECT. III. On the ſymptoms accompanying labour 327
IV. On falſe pains - - - 339
V. Cautions againſt endeavouring to promote the power and effects of pain 341
VI. Firſt ſtage of labour - - 343
VII. Second ſtage of labour - - 351
VIII. Third ſtage of labour - - 354
IX. On tying and cutting the navel-ſtring 368
X. On the excluſion of the placenta - 374

CHAP. X.

ON DIFFICULT LABOURS.

SECT. I. General reflections - - 379
II. Equivocal ſigns of difficult labours - 396

INTRODUCTION

TO THE

PRACTICE OF MIDWIFERY.

CHAPTER I.

SECTION I.

ON THE PELVIS.

THE anatomical and phyſiological knowledge of all the parts concerned in parturition is indiſpenſably neceſſary for thoſe, who mean to excel in the practice of midwifery; even that of the whole body may, on various occaſions, be employed with advantage. In the inveſtigation of every ſubject there muſt however be ſome point of commencement, and, as there is much uſe and propriety in the method hitherto purſued by ſyſtematic writers, I ſhall follow their example, and give, in the firſt place, a deſcription of the ſituation, ſtructure, connexion, uſe, and diſeaſes of theſe parts; beginning with the *pelvis*, which is of great importance, on account of the direct influence which it has upon labours, and becauſe it may be eſteemed the foundation on which all the

other parts are ſuſtained. But this is only intended ſo far as may be requiſite for the ſtudy and practice of midwifery.

The term *pelvis* has been indiſcriminately given to the inferior part of the cavity of the *abdomen*, and to the bones which form the cavity; but it appears more eligible to confine the term to the bones, and to call the ſpace between them the cavity of the *pelvis*.

The *pelvis* in the adult ſtate is compoſed of four bones: the *ſacrum*, the *os coccygis*, and the *oſſa innominata*.

The *ſacrum* is ſituated at the poſterior and inferior part of the trunk of the body, and ſerves as a baſis for the ſupport of the ſpine, of which it is an imperfect continuation. Its figure is that of an irregular triangle, with the ſhorteſt ſide placed upwards. The anterior ſurface is ſmooth and flat, and has a conſiderable degree of inflection or curvature, called the hollow of the *ſacrum*, by which the cavity of the *pelvis* is much enlarged. The poſterior ſurface is convex and uneven, and to it ſome of the muſcles of the ſpine and thigh are attached.

In the infantile ſtate, the *ſacrum* is compoſed of five, and in ſome ſubjects of ſix bones, called falſe *vertebræ*, cemented together by intervening cartilages, which in the adult become bone; leaving little ridges or lines on the anterior ſurface, indicating the parts where they had been ſeparate. Theſe bones diminiſh in their ſize as they deſcend, ſo that the loweſt, which makes the

the point of the *ſacrum*, ſcarcely maintains the character of one of the *vertebræ*.

The articulation of the upper part of the *ſacrum* with the laſt of the lumbar *vertebræ* is ſimilar to that of the *vertebræ* with each other; but by the manner in which the *ſacrum* and *vertebræ* are joined, the latter inclining over the former, an obtuſe angle is made, called the great angle of the *ſacrum*. In children educated with more regard to a falſe idea of beauty than to the acquiſition of ſtrength, this angle is ſometimes ſo great as to require mechanical ſupport.

Through the *ſacrum* there is a canal for the reſidence and ſecurity of the lower part of the *medulla ſpinalis*; but the poſterior part of the canal is incomplete below the third bone, a ſtrong ligamentous ſubſtance ſupplying the place of bone. That part of the *medulla* which is contained in the *ſacrum* is called the *cauda equina*.

On the anterior part of the *ſacrum* there are four pair of holes or perforations, or more, according to the number of bones of which the *ſacrum* was originally compoſed, through which large nerves paſs for the uſe of the parts contained in the *pelvis* and of the inferior extremities. On the poſterior part of the *ſacrum* there is an equal number of perforations diſpoſed in the ſame longitudinal order; but they are leſs than thoſe on the anterior part, and covered by membranes, which allow ſmall nerves to paſs through them.

The *ſacrum* is of a very cellular texture, and is ſaid to be lighter than any other human bone of equal magnitude.

The lateral parts of the *ſacrum* form a broad unequal ſurface, by which it is connected with intervening ligament and cartilage to another uneven ſurface at the poſterior part of the *oſſa innominata*. The inequalities of theſe ſurfaces receiving and being received by each other, contribute very much to the firmneſs of the union of thoſe bones. An *anchyloſis* is not unfrequently formed between the *ſacrum* and *oſſa innominata*; and ſometimes in conſequence of their ſeparation an imperfect joint, which very much weakens that part, and impairs the manner of walking for the remainder of life.

To the inferior extremity or point of the *ſacrum*, is ſubjoined the *os coccygis*, which has by ſome writers been conſidered as a diſtinct bone, and by others as an appendage to the *ſacrum*; and theſe form, by the manner of their union, an obtuſe angle, called the little angle of the *ſacrum*. In infancy the *os coccygis* is cartilaginous, but in adult age it is compoſed of three, or more frequently of four bones, connected by intermediate cartilages, the uppermoſt of which is ſomewhat broader than the loweſt part of the *ſacrum*. In ſome ſubjects theſe bones coaleſce and form a ſingle bone; and in others an *anchyloſis* is formed between the *ſacrum* and *os coccygis*; in conſequence of which the latter

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is ſhortened and turned inwards, ſo as to obſtruct in ſome degree the head of the child in its paſſage through the *pelvis*. But the impediment thereby occaſioned at the time of labour may be overcome by the force with which the head of the child is propelled, and the *os coccygis* again ſeparated from the *ſacrum* with a noiſe loud enough to be diſtinctly heard, of which I have known more than one inſtance. In general however, between the bones of which the *os coccygis* is compoſed, ſome regreſſive motion is preſerved; and that which is produced between the *ſacrum* and *os coccygis*, when the latter is preſſed by the head of a child paſſing through the *pelvis*, occaſions a conſiderable temporary enlargement of the inferior aperture of the *pelvis* *. The inſertion of the *coccygæi* muſcles, of a part of the *levatores ani*, and of portions or ſlips of the ſacroſciatic ligaments into the ſides of the *os coccygis* keeps it ſteady, and prevents any lateral motion.

The *oſſa innominata* are the broad large bones which form the fore part and ſides of the *pelvis*, and the lower part of the ſides of the *abdomen*. In children each of theſe bones is compoſed of three; and, though they afterwards become one, the lines of original diſtinction

* *Os coccygis adeo extrorſum ſæpe vertitur, ut integros deinde annos conquerantur de dolore, in partibus his reſiduo.*

Ruyſch, Adverſ. Dec. 2.

may be obſerved at the *acetabulum*, or ſocket, which receives the head of the thigh bone. While the bones are diſtinct they have peculiar names, the *ilium*, the *iſchium*, and *pubis*, which names it is neceſſary to retain in the adult ſtate, that we may be able to deſcribe with more accuracy each individual bone, or allude to it in the deſcription of the adjoining parts and on many other occaſions.

The *ilium* is the largeſt and uppermoſt of the bones which form the *oſſa innominata* conſtituting what, in a deſcription of the external ſurface of the body, would be called the hip. It is flat, broad, unequally convex and concave; in ſome parts round, and in others of an irregular ſquare figure. It is divided by anatomiſts into the *criſta*, *baſis*, anterior and poſterior edge, and the two ſides external and internal.

The upper part, which has a thick arched border, is called the *criſta*. The anterior and middle part of it is convex outwardly, and the poſterior ſomewhat convex inwardly. The *criſta* has originally on its verge an *epiphyſis*, of which there are often marks to an advanced age.

The *baſis* or inferior part of the *ilium* is thick and narrow. It forms anteriorly a portion of the *acetabulum*, or ſocket, which receives the head of the thigh bone; and poſteriorly a large ſhare of the circumference of the *iſchiatic ſinus*, which is completed by the *iſchium* and ſacroſciatic ligaments.

The anterior edge of the *ilium* has two eminences,

tiences, called ſpines, diſtinguiſhed as ſuperior and inferior, between which there is an excavation or notch, and another below the inferior ſpine.

The poſterior edge is ſhorter and thicker than the anterior, and terminates with two protuberances or ſpines, between which there is alſo an excavation.

The external ſide of the *ilium* is convex on the fore, and concave on the back part. The internal ſide is irregularly concave; and upon that ſurface which is connected with the *ſacrum* there are ſeveral irregularities. From the upper part of this ſurface there runs a prominent line, which forms a margin, defining the upper aperture of the *pelvis*.

The *iſchium* forms the loweſt portion of the *oſſa innominata*. Its parts are deſcribed under the names of body, tuberoſity, or obtuſe proceſs, and *ramus*.

The body of the *iſchium* forms the loweſt and largeſt part of the *acetabulum*, and ſends out a ſmall *apophyſis*, which projects backwards and inwards, and is called the ſpine or ſpinous proceſs of the *iſchium*.

The tuberoſity or obtuſe proceſs of the *iſchium* is very thick and uneven, and is turned downwards. As it is the part on which the body reſts when we ſit, it hath alſo been called *os ſedentarium*. The convex portion was originally an *epiphyſis*; and, from the remains of the ten-

dons and ligaments which were affixed to it, has, in the freſh ſubject, a cartilaginous appearance.

The *ramus* is a flat thin proceſs or *apophyſis*, proceeding from the curvature of the tuberoſity, aſcending and joining to a ſimilar but ſhorter proceſs, which ſprings from the anterior and inferior part of the *oſſa pubis*. The *ramus* of the *iſchium*, aided by this ſhort proceſs, forms a large part of the outline of that opening called the *foramen magnum iſchii*. This opening, in the recent ſubject, is filled up by a ſtrong ligamentous membrane, which gives riſe to the external and internal muſcles called *obturatores*.

The *oſſa pubis* contribute the ſmalleſt ſhare towards the formation of the *oſſa innominata*. Each of them has been deſcribed in three parts, the body, the angle, and the *ramus*.

The body is that part which is placed tranſverſely before the anterior part of the *ilium*, to which it is united, forming by this union the oblique eminence, which diſtinguiſhes on the inner part of the *pelvis* theſe two portions of the *oſſa innominata*. The body of the *pubis* contributes alſo to the formation of the *acetabulum*. The upper edge has on its inner part an oblique ridge, which is called the *criſta*, and is continuous with that of the *ilium* beforementioned, as defining the margin of the *pelvis*.

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The anterior part of the *pubis* is called the angle, and conſtitutes that ſurface, which, being joined to the oppoſite bone, forms the *ſymphyſis* of the *oſſa pubis*, and in common language goes by the name of the *ſhare* bone. This part of the bone is flat and thin. The *oſſa pubis* connected together form on the external or inferior ſide an unequal concavity; but on the internal or ſuperior ſurface they are pretty equally convex, and both the edges have a ſmall degree of flexure outwards.

The *ramus* is a flat, thin, ſhort *apophyſis*, which, running obliquely downwards, unites with that of the *iſchium*. The two *rami* of the *iſchia* and of the *oſſa pubis* form on the interior and inferior part of the *pelvis* an arch, which is uſually called the arch of the *pubis*. This arch is much larger in women than in men; which circumſtance is favourable to the emergence of the head of the child at the time of birth, and conſtitutes the moſt diſtinguiſhing mark between the male and female *pelvis*.

SECTION II.

The advantage to be derived from the knowledge of the bones of the *pelvis*, in a dried or ſeparate ſtate, is not very evident. But we may conſider the previous intelligence of this and ſome other parts of our ſubject as eſſentially uſeful and neceſſary, becauſe it comprehends

prehends the rudiments of a more perfect knowledge than can be otherwiſe acquired; we ſhall therefore proceed to examine the manner, in which theſe bones are connected.

To the two lateral ſurfaces of the *ſacrum* are joined the poſterior ſurfaces of the *oſſa innominata*, and theſe are covered with a thin intervening cartilage, or ligamentous cartilage; the inequalities, as was before obſerved, contributing very much to the firmneſs of the junction. The *oſſa innominata* are alſo joined at the anterior part by a thin cartilage, which covers the ſcabrous end of each bone, and the ſpace between them is filled up with a ligamentous ſubſtance. This connection is called the *ſymphyſis* of the *oſſa pubis*.

Within the circuit of the *pelvis* the *periоſteum* is thickened at the parts where the *oſſa innominata* are joined to the *ſacrum*, and at the *ſymphyſis* of the *oſſa pubis*. The *ſymphyſis* has alſo been deſcribed as connected by a thin tranſverſe ligament, or by ligaments which form what may be conſidered as a capſular ligament, adhering to the part which it encloſeth, and to which it giveth the principal ſtrength. Greater ſtability could not be procured by any internal mode of union, without a diminution of the cavity of the *pelvis* *.

* See a ſhort but very preciſe account of the connexion of the bones of the *pelvis* by Dr. William Hunter.

Medical Obſervations and Inquiries, Vol. II.

But

But on the external parts of the *pelvis*, where the union of the bones could be more firmly eſtabliſhed by a ligament, there is no point where one is omitted; even the tendons of the muſcles inſerted into the projecting parts of the bones, though particularly deſigned for other purpoſes, eventually contribute to the ſtrength of the *pelvis*.

From the poſterior edges of thoſe ſurfaces of the *oſſa innominata* which are joined to the *ſacrum*, ſtrong ligaments paſs, which bind theſe bones firmly together; and all that unequal ſpace behind them is filled up with ſmall muſcles, or the ſmall parts of large muſcles, in ſuch a manner as to give in the freſh ſubject, when covered by their tendinous expanſion, a ſurface almoſt ſmooth.

From the obtuſe proceſſes of the *iſchia* ſtrong ligaments ariſe, which, expanding, paſs to the poſterior edges and *apophyſes* of the *ſacrum*, detaching in their paſſage ſmall portions to the *os coccygis*. Theſe ligaments are called the broad or external ſacroſciatic. From the ſpinous proceſſes of the *iſchia* ligaments ariſe, which, croſſing and adhering to the ligaments before deſcribed, paſs to the inferior and inner edge of the *ſacrum* and the upper part of the *os coccygis*, ſending ſlips or ſmall portions to the edges of this bone throughout its extent. Theſe are called the internal ſacroſciatic ligaments.

SECTION

SECTION III.

By the knowledge of the parts where, and the manner in which, the bones of the *pelvis* are connected together, we are enabled to explain many uneaſy ſenſations which women have, and many infirmities to which they are liable at the time of pregnancy and after their delivery.

It was for many centuries a received opinion, that theſe bones, though joined together in ſuch a manner as ſcarcely to afford any ſuſpicion of a ſeparation, were always ſeparated at the time of parturition; or that there was a diſpoſition to ſeparate, and an actual ſeparation, if the neceſſity of any particular caſe required that enlargement of the cavity of the *pelvis*, which was conſequent to it. The degree of ſeparation was alſo ſuppoſed to be proportionate to ſuch neceſſity; and if it did not take place, or not in ſuch a degree as was required, diſtending inſtruments were contrived and uſed to produce or increaſe it: and upon the ſame principle the ſection of the *ſymphyſis* of the *oſſa pubis*, of which we ſhall hereafter ſpeak, hath been lately recommended. This opinion ought probably to be aſſigned as one reaſon for the ſuperficial notice taken by the early writers in midwifery, of thoſe difficulties which are ſometimes

times found to occur at the time of parturition from the ſmallneſs or deformity of the *pelvis* *. To this may alſo be referred much of the popular treatment of women in child-bed, and many popular expreſſions in uſe at the preſent time. But this opinion hath been controverted by many writers, who aſſert, that there is neither a ſeparation nor a diſpoſition to ſeparate; but that when either of them does happen, they are not to be eſteemed as common effects attendant on the parturient ſtate, but as diſeaſes of the connecting parts †. The diſputants on each ſide have appealed to preſumptive arguments, and to facts proved by the examination of the bodies of thoſe who have died in child-bed, in juſtification of their ſeveral opinions. But, notwithſtanding all that has

* Edoctus aſſero, oſſa pubis ſæpe ab invicem in partu laxari, emollito eorum cartilaginoſo connexu, totamque hypogaſtrii regionem, ad miraculum uſque, ampliari; non quidem ab aquoſæ ſubſtantiæ profuſione, ſed ſua ſponte, ut fructus maturi excludendis ſuis feminibus ſolent hiſcere.

Harv. Exercitat. lviii.

In partu difficili et laborioſo oſſa iſchii aliquantulum a ſe invicem dehiſcunt. *Ruyſch. Adv. Dec.* 2.

† Les uns et les autres diſent, qui ces os que ſe ſéparent ainſi à l'heure de l'accouchement, y ont été diſpoſez peu à peu auparavant, par des humiditez glaireuſes qui s'écoulent des environs de la matrice, leſquelles amolliſſent pour lors le cartilage qui les joint fermement, en d'autres temps. Mais ces deux opinions ſont auſſi éloignées de la vérité que de la raiſon.

Mauriceau, tom. 1, *livr.* 2, *cap.* 1.

 been

been ſaid upon the ſubject, I know not that we are authoriſed by the experience of the preſent time to ſay, that a ſeparation, or a diſpoſition to ſeparate, prevails univerſally at the latter part of pregnancy, or at the time of labour; yet that theſe effects are often, if not generally, produced, may be gathered from the pain and weakneſs ſo often mentioned and complained of, at the parts where the bones of the *pelvis* are joined to each other, before and after delivery. In ſome caſes pregnant women are alſo ſenſible of a motion at the junction of the bones, eſpecially at the *ſymphyſis* of the *oſſa pubis*, and the noiſe which occaſionally accompanies this motion, may be frequently heard by an attentive by-ſtander.

A ſtrong preſumptive argument in favour of the ſeparation of the bones has been drawn from quadrupeds. In theſe the ligaments which paſs from the obtuſe proceſſes of the *iſchia* to the *ſacrum*, on which the firmneſs of the junction of the bones very much depends, and which at all other times reſiſt any impreſſion attempted to be made upon them, are for ſeveral days previous to parturition gradually deprived of their ſtrength, and the animal walks in ſuch a manner as would incline us to believe could only be produced by a ſeparation of the bones of the *pelvis*. Now it is not reaſonable to conclude, that a circumſtance which generally takes place in one claſs of viviparous animals

animals ſhould never occur in another, eſpecially in a matter in which there is no eſſential difference.

We may, however, leave the queſtion to be completely ſettled by future obſervations. To inſiſt that either of the changes occurs in every caſe, or that they never occur, ſeems an attempt to ſupport opinions repugnant to daily experience. For no perſon, who has been converſant in the diſſection of women who have died in childbed, can have wanted opportunities of ſeeing every intermediate ſtate of theſe parts; from a ſeparation in which the ſurfaces of the bones were completely looſened, and at a conſiderable diſtance from each other, to that in which there was not the leaſt diſpoſition to ſeparate.

It then appears that the degrees of ſeparation at the junctions of the bones of the *pelvis* to each other may be very different; and that, when it takes place beyond a certain degree, it is to be conſidered as morbid. Several caſes of this kind, which have occurred in my own practice, and a great number for which I have been conſulted, have laid me under the neceſſity of conſidering this ſubject with the moſt ſerious attention, and I preſume that it may be produced by two cauſes; firſt, a ſpontaneous diſpoſition of the connecting parts; ſecondly, the violence with which the head of the child

may

may be protruded through the *pelvis**. Of a ſeparation from each of theſe cauſes it will not be improper to give an example to prove the fact, and to ſhow its conſequences.

CASE I.

A YOUNG lady of a healthy conſtitution, and lively diſpoſition, who was married in the twenty-firſt year of her age, was, in the beginning of 1774, delivered of her third child, which was unuſually large, after a very ſevere and tedious labour. For ſeveral days before her delivery ſhe was rendered unable to walk without aſſiſtance, by pain and weakneſs in her loins. Her recovery was favourable and uninterrupted, except that for ſeveral ſucceeding weeks ſhe was incapable of ſtanding upright, or putting one foot before the other; the attempt to do either being attended with pain, and a ſenſe of looſeneſs or jarring, both at the parts where the *oſſa innominata* are joined to the *ſacrum* and at the *ſymphyſis* of the *oſſa pubis*. By the uſe of ſuch medicines and means as contributed to ſtrengthen her conſtitution, ſhe ſoon

* In the 484th number of the Philoſophical Tranſactions there is an account of the ſeparation of the *ſymphyſis pubis* to the diſtance of four inches, occaſioned by the ſudden ſtarting of the horſe when the gentleman was riding.

became

became able to walk, and, in a few months, was perfectly well.

Having before ſeen a caſe of the ſame kind, I ſuſpected, that theſe complaints were occaſioned by the weakneſs of the connexion of the bones of the *pelvis*; and, imputing this weakneſs to too frequent parturition, ſhe was adviſed to ſuckle her child a longer time. She accordingly continued a nurſe fifteen months.

After weaning her child ſhe ſoon conceived again; and when the time of her confinement drew near, the complaints which ſhe had in her former pregnancy were increaſed to ſuch a degree, that ſhe could neither walk nor ſtand; and, for three weeks before her delivery there was reaſon to ſuſpect, that the bones of the *pelvis* were ſeparating.

July 7, 1777, ſhe was delivered of her fourth child. At the time of her labour ſhe had frequent faintings, great marks of diſturbance and irritability, and was wholly unable to move her inferior extremities.

A few days after her delivery ſhe had a fever, which terminated in an abſceſs in one of her breaſts. By this, which was very painful and diſtreſſing, ſhe was confined to her bed for near ſeven weeks. At the end of nine weeks ſhe could walk with crutches, when ſhe was ſent into the country, from which ſhe received much benefit; as ſhe believed ſhe likewiſe did by drinking half a pint of a ſtrong infuſion of malt

twice every day. In about five months ſhe was able to walk without aſſiſtance, though ſhe was ſometimes ſenſible of the motion of the bones, which ſeem never to have been perfectly united.

About Chriſtmas ſhe was again pregnant; and in July 1778, being indiſpoſed to move, as ſhe imagined by the ſudden and uncommon heat of the weather, the pain and weakneſs in her back returned, and ſhe could not walk any more without aſſiſtance to the time of her labour, which came on October the 11th. On the 13th ſhe was delivered of a very fine child. Her labour, which was unuſually ſevere and alarming, was made infinitely more fatiguing by her inability to move, all power of ſupporting herſelf being wholly loſt, and every neceſſary change of poſition, though ſhe was in bed, being made by her aſſiſtants.

On the fourth day after her delivery ſhe was ſeized with a fever, which was ſoon removed, but her ſituation remained really deplorable. The pain at the junction of the bones continued; ſhe had no command of her inferior extremities; and when ſhe was moved, the pain, which ſhe deſcribed as the cramp, became excruciating, as if ſhe was tearing aſunder. Her ſtomach was at all times much diſturbed, but, when ſhe had the pain in an increaſed degree, a vomiting, or oppreſſive nauſea, or hiccough was brought on. The pain alſo produced ſtrange

ſtrange ſympathies in various parts, as a very teaſing cough, a conſtant ſneezing, a ſenſe of weight in her eye-lids, which ſhe could not keep open, though ſhe was not ſleepy, noiſe in the bowels, and many other nervous affections. When, therefore, the pain was violent, ſhe had recourſe to opiates, which ſhe took diſcretionally, and the pain being quieted the ſympathies ſoon ceaſed.

At the requeſt of my patient I explained upon a ſkeleton the opinion entertained of her complaints; and, when I pointed out the manner in which the parts were ſuppoſed to be affected, ſhe was fully perſuaded of the truth of the opinion.

In this ſituation ſhe had remained for ſeveral months, when it was thought expedient, that ſhe ſhould be raiſed from her bed, and make an effort to ſtand or walk, leſt her conſtitution ſhould be injured, and her complaints rendered worſe by the habit of reſting ſo long in an inactive ſtate. Every poſition was tried, and every contrivance made, which had a chance of being uſeful; but the power of ſupporting herſelf was totally gone; the motion of the bones was plainly perceived; and the conſequences of every trial were ſo painful and uncomfortable, than it was not judged proper to repeat them, but to wait till, by time, the connexion of the bones was more confirmed.

About ſix months after her delivery ſhe men-

ſtruated, which ſhe continued to do at irregular periods; yet though much benefit was expected from this circumſtance, no alteration was produced by it with reſpect to her complaints.

In the year 1779 ſhe was removed, upon a couch in a boat, to *Margate*, for the benefit of the air and bathing in the ſea, from which ſhe was always ſenſible of receiving advantage. There ſhe continued to reſide; when eight years were elapſed from the time of her delivery, ſhe became able to walk without crutches; and, though now perfectly recovered, her amendment was extremely gradual *.

CASE II.

MANY years ago I attended a young woman of a healthy but delicate conſtitution, who was in labour of her firſt child. The *os uteri* was fully dilated, the membranes broken, and the waters diſcharged, before I arrived at her houſe.

She was immediately put to bed, and the pains being very ſtrong, the head of the child was ſoon preſſed upon the *perinæum*, the laceration of which I endeavoured to prevent by

* I have lately been informed of two other caſes of the ſame kind, in one of which the proceſs, by which the lameneſs was at length cured, alſo required eight years for its completion.

ſupporting

ſupporting it in the uſual manner; but the head of the child was rapidly forced through the external parts in oppoſition to the reſiſtance which I was able to make.

At the inſtant when the head of the child was expelled I perceived ſomething to jar under my hand, and was even ſenſible of a noiſe, which led me to ſuſpect, that the *perinæum* was lacerated by the ſudden expulſion of the head, but on inquiry this was found to be perfectly ſafe.

After a ſhort time the *placenta*, being ſeparated and protruded into the *vagina*, was extracted without hurry or violence. The uneaſineſs of which ſhe then complained, being ſuppoſed to be what are called *after-pains*, did not make me ſolicitous, but a few drops of *tinctura opii* were given to appeaſe it.

On the following days ſhe complained of more than uſual pain in the lower part of the *abdomen*, which ſhe did not accurately deſcribe; but as there was no ſymptom of fever, and the milk was duly ſecreted, no particular inquiry was made, and I preſumed that ſhe would ſoon be well.

On the fourth day after her delivery ſhe was taken out of bed, but could not ſtand or ſit in her chair on account of the pain and weakneſs in the part of which ſhe originally complained, and which I found to be immediately upon the *ſymphyſis* of the *oſſa pubis*.

For near three weeks ſhe remained in the ſame ſtate, perfectly well in her health, and eaſy in her bed, unleſs when ſhe attempted to turn on either ſide; but when ſhe was removed from her bed ſhe could neither ſtand nor make any effort to walk without aſſiſtance, though ſhe could ſit for a few minutes, reſting her elbows upon the arms of the chair.

The continuance of a complaint ſo very uncommon rendered it neceſſary to have a conſultation, and a gentleman of great experience and ability was called in. After a very careful examination, we found the internal parts in the natural ſituation and free from diſeaſe; the *perinæum* was not lacerated, nor was there the leaſt appearance of injury about the external parts. But it was judged by the ſeat of the pain, by her inability to ſtand or walk, except in particular attitudes and poſitions, that the *ſymphyſis* of the *oſſa pubis* had given way, and was wholly ſeparated; and there was ſcarce a doubt, but that the ſeparation had taken place when the bulk of the head of the child was paſſing between the ſpinous proceſſes of the *iſchia*, when I was ſenſible of the jarring noiſe.

The opinion of the ſeparation was chiefly founded on the particular attitudes and poſitions in which the patient ſought relief; it therefore ſeems neceſſary to deſcribe them more fully, as they were very remarkable.

When ſhe endeavoured to ſtand upright, which

which ſhe could do better on one foot than both, and better with her feet cloſe than at a diſtance, together with the pain at the *ſymphyſis*, ſhe had a ſenſe of extreme weakneſs, accompanied with a faintneſs. When ſhe firſt ſat down in her chair, reſting her elbows upon the arms of the chair, the complaints became tolerable. When ſhe had remained a little time in this poſition, they were again importunate, and ſhe ſupported herſelf with her hands upon her knees, and preſently bent forwards, ſo as to lean her elbows upon her knees; this poſition becoming irkſome, ſhe was obliged to return to her bed, where ſhe was immediately eaſy. When ſhe firſt attempted to walk, ſhe was compelled to bend forwards in ſuch a manner as to reſt her hands upon her knees, making a ſtraight line from her ſhoulders to her feet.

The explanation of her caſe, and the comfort ſhe received from the aſſurance that was given of her recovery, encouraged her to bear her confinement and the preſent inconveniences ſhe ſuffered with compoſure; yet the knowledge we had acquired, preſuming our opinion to be true, was uſeful, rather by teaching us how to avoid doing miſchief, than by enabling us to render any actual ſervice.

At the end of fourteen weeks, whilſt ſhe was in a coach, into which ſhe had often been lifted for the benefit of air and exercite, ſhe had a diſcharge, which ſhe ſuppoſed to be menſtru-

ous; and though it had ceaſed before her return, ſhe was ſenſible of immediate relief. From that time ſhe mended daily, and in ſix weeks was able to walk, her complaints having gradually left her.

She had afterwards three children, with all which I attended her. Her labours were eaſy; and neither before nor after her delivery had ſhe any tendency to the complaints I have been deſcribing.

The diſcharge which preceded her recovery was thought to be menſtruous; but as it had ceaſed before her return, and gave relief to a part not directly affected by menſtruation, it is more reaſonable to conclude, that it was from the *ſymphyſis*; and of whatever kind it was, that it had acted as an extraneous body, preventing the re-union of the bones.

Inſtances have occurred, though they are rare, of women who, after labours, have ſuffered much pain in the region of the *ſacrum*, and have loſt all power of moving their inferior extremities, and the inability has been imputed to ſome paralytic affection. They are ſaid to be *bedridden*, which deſcribes the effect, though it does not explain the cauſe, of their diſeaſe. As theſe patients have, after a confinement of ſeveral months, or even years, been generally reſtored to the uſe of their limbs, it is not unreaſonable to think, that their infirmity was occaſioned by a ſeparation of the bones, which

which at different periods after the accident, according to the degree of ſeparation, had recovered their former connexion and ſtrength.

SECTION IV.

An inquiry into the manner in which the bones of the *pelvis* may re-unite when they have been ſeparated ſeems neceſſary, as the treatment to be enjoined, and the proſpect of ſucceſs, will be regulated by the idea we entertain of the ſtate of the parts when ſeparated.

When the connexion of the bones of the *pelvis* has either been impaired or deſtroyed, it is probable, that a confirmation or re-union takes place by a reſtoration of the original mode; by a *callus*, as in the caſe of a fractured bone: or by *anchyloſis*.

It is alſo poſſible for them to remain in a ſeparated ſtate; and that an articulation ſhould be formed by the ends of each bone, at the *ſymphyſis* of the *oſſa pubis*, and at the junction of the *oſſa innominata* with the *ſacrum*; of which, by the favour of Mr. CLIFT, I have ſeen an inſtance in the dead body, and have had reaſon to ſuſpect the ſame accident in the living.

In all the lower degrees of imperfection in the union of theſe parts, it is reaſonable to conclude, that the former mode is reſtored ſoon after

after delivery; for the complaints which women make of pain and weakneſs in theſe parts are almoſt always relieved, before their month of confinement is concluded. But, ſhould they continue a longer time, it appears, that the greateſt benefit will be derived from reſt and a horizontal poſition, which will leſſen the preſent inconveniences, and favour that action of the parts by which their infirmity muſt be repaired.

But if the complaint be in an increaſed degree, and the health of the patient likewiſe be affected, a longer time will be required for the recovery of the part; which may be forwarded by ſuch means as invigorate the conſtitution, ſuch applications as quicken the action of the parts, or by mechanical ſupport.

Should the injury be too great to allow of the reſtoration of the original mode of union, of which we are to judge by the conſequent impotence to move, a much longer time will be required for the formation of a callus, if that be ever done but as a previous ſtep to an *anchyloſis*, which has been obſerved by anatomiſts to take place at the junction of the *oſſa innominata* with the *ſacrum* not unfrequently, but never or very ſeldom at the *ſymphyſis* of the *oſſa pubis*. Under ſuch circumſtances, unleſs by an amendment of the general health, little good is to be expected from medicine, the proceſs which the parts muſt undergo being an operation of the

the conſtitution which it will not be in our power to control. In the firſt caſe related, a variety of applications were tried, from the moſt emollient to thoſe which are active and ſtimulating; but from cold bathing only did the patient receive any real advantage. She was alſo very much aſſiſted by the uſe of a ſwath, or broad belt, made of ſoft leather, quilted, and buckled with ſuch firmneſs over the lower part of the body as to leſſen, if not prevent, the motion of the bones; and this was reſtrained in its ſituation by a bandage paſſed between the legs, from the hind to the fore part of the belt. If this belt be made with a ſpring, it may be fixed lower over the *ilia*, worn tighter and with leſs inconvenience.

In that unfortunate ſituation, in which a joint is formed between the ſeparated ſurfaces of the bones, all hopes of the recovery of the patient to her former abilities may be given up. She muſt for the reſt of her life walk imperfectly, and all that remains to be done for her relief will be, by the uſe of a belt, or a ſimilar contrivance, to ſubſtitute as much artificial firmneſs as we can, for the natural which is loſt. In the caſe in which I ſuſpected this event to have happened, the life of the patient was truly miſerable; but I preſume that ſuch very rarely occur, having been lately informed of another perſon, who, after a confinement of more than eight years to her bed, in conſequence of the

ſeparation

ſeparation of the bones at the time of labour, was reſtored to the full and perfect uſe of her inferior extremities. And farther experience has ſhown me many varieties, not only in the degrees, but in the circumſtances attending this complaint; particularly in an unexpected and total freedom from it, after ſubſequent labours.

SECTION V.

THERE is a wonderful variety in the poſition of the *pelvis* of animals, as it relates to that of the body in general; and their powers and properties very much depend upon this circumſtance. But, with a view to this ſubject, they may be divided into three kinds; the ſtrong, the ſwift, and the mixed.

In thoſe animals, which poſſeſs the greateſt ſhare of ſtrength, the poſition of the *pelvis* is nearly perpendicular, and the two apertures of the cavity nearly horizontal, as may be ſeen in the elephant.

In thoſe which are diſtinguiſhed by their ſpeed or agility, the poſition of the *pelvis* is nearly horizontal, and the two apertures nearly perpendicular, as may be ſeen in the ſtag.

In mixed animals, or thoſe in which ſtrength and ſpeed are united, the poſition of the *pelvis* is neither horizontal nor perpendicular, but inclined; ſo as to partake, by different degrees of inclination, of a certain ſhare of the advantages of

of either poſition, as may be ſeen in the horſe and aſs. But theſe deſcriptions are taken from the dried ſkeletons.

In the human ſpecies, when the poſition of the body is erect, the *pelvis*, which, bearing the weight of the whole body, is ſtronger in proportion to their ſize than in any quadruped, is ſo placed, that a line paſſing from the third of the lumbar *vertebræ* will fall nearly upon the ſuperior edge of the *ſymphyſis* of the *oſſa pubis*; the cavity of the *pelvis* being projected ſo far backwards, that the *oſſa pubis* become the part on which the enlarged *uterus* chiefly reſts in the advanced ſtate of pregnancy *. If then we recollect the ſmallneſs of the *oſſa pubis*, the manner in which they are connected, and advert at the ſame time to the increaſing effect, which may be produced by the internal preſſure of the weight ſupported by them, in addition to that of the body, we ſhall not be ſurpriſed at the frequency of the complaints of pain and weakneſs at the *ſymphyſis*; eſpecially when the child is large, or the patient under the neceſſity of ſtanding for a long time. And ſhould there be any degree of weakneſs, relaxation, or diſunion, at the parts where the *oſſa innominata* are joined to the *ſacrum*, ſimilar effects will be produced; and one of theſe parts

* This part has been conſidered as the centre of gravity in the human body; but *Deſaguliers* thought, that it was in the middle ſpace between the *ſacrum* and *oſſa pubis*.

can

can ſcarcely be affected without an equivalent alteration in the other.

The conſequences of the ſeparation of the bones of the *pelvis*, or of their diſpoſition to ſeparate, will be more clearly comprehended, if we conſider the *pelvis* as an arch ſupporting the weight of the ſuperincumbent body. In this view the *ſacrum* may be called the key-ſtone; the *oſſa innominata*, as far as the *acetabula*, the pendentives; and the inferior extremities the piers of the arch.

If a greater weight be laid upon an arch than it is able to ſuſtain, one of theſe conſequences will follow; the key-ſtone will fly, the pendentives will give way, or the piers will yield to the preſſure.

To prevent the two firſt accidents, it is uſual to lay heavy bodies upon the different parts of the arch, the weight of which muſt bear a relative proportion to each other, or the contrary effect will be produced; for if too great weight be laid upon the key-ſtone, the pendentives will fail; and, if there be too much preſſure upon the ſides, the key-ſtone will be forced.

When the greateſt poſſible ſtrength is required in an arch, it is uſual to make what is called a counter-arch, which is a continuation of the arch till it becomes circular, or of any intended form. This contrivance changes the direction of the weight, before ſupported at the

chord;

chord; and part of it will be conducted to the centre of the counter-arch, and borne in what is called the fine of the arch.

If the reſemblance of the *pelvis* to an arch can be allowed, we may conſider all the fore or lower part of it, between the *acetabula*, as a counter-arch, which will explain to us the reaſon of ſo much ſtreſs being made upon the *ſymphyſis* of the *oſſa pubis*, when there is any increaſe of the ſuperincumbent weight; or when that part is in a weakened or ſeparated ſtate, as in the ſecond caſe before deſcribed, and particularly by the bending of that part in the rickets in children, and in the *mollities oſſium* in adults.

When the patient before mentioned lay in a horizontal poſition ſhe was perfectly eaſy, there being then no weight upon the *pelvis*.

When ſhe was erect, the weight borne by the *ſymphyſis* being greater than it could ſupport, ſhe could walk before ſhe could ſtand; or, if ſhe ſtood, ſhe was obliged to move her feet alternately as if ſhe were walking; or ſhe could ſtand upon one leg better than upon both. By theſe various movements ſhe took the ſuperincumbent weight from the weakened *ſymphyſis*, and conducted it by one leg, in a ſtraight line, to the ground.

The fatigue of walking, or of the alternate motion of the feet, being more than ſhe was able to bear, ſhe was obliged to ſit. When

ſhe

ſhe firſt ſat in her chair ſhe was upright, reſting her elbows upon the arms of the chair; by which means part of her weight was conducted to the chair, not deſcending to the *pelvis* which was alſo propped. But there being then more weight upon the *ſymphyſis* than it was able to bear for any long time, and her arms being weary, by putting her hands upon her knees ſhe took off more of the ſuperincumbent weight, conducting it by her arms immediately to her knees. When ſhe reſted her elbows upon her knees, the ſame effect was produced in an increaſed degree; but this poſition becoming painful and tireſome, ſhe had no other reſource, and was obliged to return to her bed.

It cannot eſcape obſervation, that this patient inſtinctively or experimentally diſcovered the advantages of the particular attitudes into which ſhe put herſelf, and by which ſhe obtained eaſe, as exactly as if ſhe had underſtood her complaint, and the manner in which I have endeavoured to explain it.

In the wearineſs which follows common exerciſe, when we often change our poſition, apparently without deſign, the manner in which eaſe is procured to any particular part may be readily underſtood by a more extenſive application of the ſame kind of reaſoning, and it ſeems as if the ſlighteſt change were not made in ſuch conditions without ſome advantage.

SECTION

SECTION VI.

THE violence which the connecting parts of the bones undergo, when the head of the child is protruded through the *pelvis* with extreme rapidity or difficulty, ſometimes occaſions an affection of the *ſymphyſis* of the *oſſa pubis* of more importance than a ſeparation; becauſe, together with all the inconveniences ariſing from the ſeparation, the life of the patient is endangered by it. This is the formation of matter on the looſened ſurfaces of the bones, preceded by great pain, and other ſymptoms of inflammation: though in the beginning of the complaint, it is difficult to aſcertain whether the connecting parts of the bones, or ſome contiguous part, be the ſeat of the diſeaſe.

When ſuppuration has taken place in conſequence of the injury ſuſtained at the junction of the *oſſa innominata* with the *ſacrum*, the abſceſs has in ſome caſes been formed near the part affected, and been cured by common treatment. But in others, when matter has been formed and confined at the *ſymphyſis* of the *oſſa pubis*, the ſymptoms of a hectic fever have been produced, and the cauſe has not been diſcovered till after the death of the patient. In others the matter has burſt through the capſular ligament of the *ſymphyſis* at the inferior edge, or perhaps

made its way into the bladder; and in others it has insinuated under the *periosteum*, continuing its course along the *ossa pubis* till it arrived at the *acetabulum*. The mischief being thus extended, all the symptoms were aggravated; and, the matter making its way towards the surface, a large abscess has been formed on the inner or fore part of the thigh, or near the hip, and the patients, being exhausted by the fever and profuse discharge, have at length yielded to their fate. On the examination of the bodies after death, the track of the matter has been followed from the aperture of the abscess to the *symphysis*, the cartilages of which were found to be eroded, the bones carious, and the adjacent parts very much injured or destroyed.

It may, perhaps, be possible to discover, by some particular symptom, when there is in this part a disposition to suppurate; or it may be discovered when suppuration has taken place. In all cases of unusual pain, attended with equivocal symptoms, it will therefore be necessary to examine these parts with great care and attention. For when there is a disposition to suppurate, by proper means this might be removed; and when matter is formed, if there be a tumefaction at the *symphysis*, more especially if a fluctuation could be perceived, we might deliberate upon the propriety of making an incision to evacuate the matter; and by such proceeding

ceeding farther bad conſequences might be prevented *.

SECTION VII.

THE form of the ſuperior aperture of the *pelvis* has been deſcribed by ſome as triangular, and by others as oval, with the wideſt part from one ſide to the other. But the inferior aperture, independent of the ligaments and ſoft parts, cannot be ſaid to reſemble any known or general form, on account of its irregularity, though the wideſt part is from the inferior edge of the *ſymphyſis* to the point of the *os coccygis*, allowing for the regreſſive motion of that bone.

The dimenſions of the ſuperior aperture of the *pelvis*, from the upper part of the *ſacrum* to the upper edge of the *ſymphyſis*, are generally ſtated to be rather more than four inches; and between the two ſides they ſomewhat exceed five †.

Of the dimenſions of the inferior aperture it is difficult to form a judgment; but if the ligaments are preſerved, it may be ſaid that the proportions are reverſed, the narroweſt part being on each ſide. But in the form and dimenſions of the *pelvis*, in different women, there is an

* See *Medical Obſervations and Inquiries*. Vol. II.

† Quæ menſuræ, pollice ferè integro, ſimiles menſuras capitis fœtus ſuperant. *Haller. Phyſiolog.* lib. xxviii.

endleſs variety, not depending upon any alteration which may be produced by diſeaſe.

The depth of the *pelvis* from the upper part of the *ſacrum* to the point of the *os coccygis* is about five inches; but this will be increaſed when the latter bone is preſſed backwards. From the margin of the *pelvis* to the inferior part of the obtuſe proceſſes of the *iſchia* the depth is about three inches, and at the *ſymphyſis* about one and a half. It appears that the depth of the *pelvis*, at the poſterior part, is rather more than three times the depth at the anterior; and that there is a gradual change between the two extremes, if we admit the ligaments to make a part of the outline of the inferior aperture. The knowledge of theſe circumſtances will enable us to judge in the living ſubject, how far the head of the child has proceeded through the *pelvis*, and prevent any deception to which we might be liable, if we were to form our opinion by the readineſs with which we can feel the head at the anterior part.

The cavity of the *pelvis* is of an irregular, cylindrical form; but, towards the inferior aperture, there is ſome degree of convergence, made by the points of the ſpinous and obtuſe proceſſes of the *iſchia* and the termination of the *os coccygis*. This convergence is of great importance in regulating the paſſage of the head of the child, as it deſcends towards the inferior aperture; and, being perfected by the ſoft parts, it gives to the

vertex,

vertex, or preſenting part of the head, the diſpoſition to emerge under the arch of the *pubis*.

On the concavity or hollow of the *ſacrum* the eaſe or difficulty with which the head of the child paſſeth through the *pelvis* will very much depend. A ſimilar curvature is continued by means of the iſchiadic *ſinus*, and by the diſpoſition of the ſacroſciatic ligaments, to the obtuſe proceſſes of the *iſchia*, where the ſides of the *pelvis* are perpendicular. The upper edge of the *oſſa pubis* has a ſlight reflection outwards, which prevents any obſtruction to the entrance of the head of the child into the *pelvis*; and at the lower edge there is ſome degree of divergence, by which the departure of the head out of the *pelvis* is very much facilitated.

SECTION VIII.

BEFORE we proceed to the examination of the manner in which the head of the child paſſeth through the *pelvis* at the time of birth, it is neceſſary to examine its dimenſions and ſtructure.

The largeſt part of the head of a child, not altered by compreſſion, is from the hind to the forehead. The diameter from one ear to another is leſs by nearly the ſame proportion, as the ſpace between the *ſacrum* and *pubis*, at the ſu-

perior aperture, is leſs than that between the ſides of the *pelvis*.

The head of a child which appears to be larger according to the ſize of the body than that of other animals, is at the time of birth incompletely oſſified at every part where the bones of which the *cranium* is compoſed afterwards unite; but chiefly at the greater fontanelle, or the centre of that part where the parietal and frontal bones meet in the adult. By this incomplete oſſification, and by the preſſure to which the head of the child is ſometimes ſubject in its paſſage through the *pelvis*, the form of the head may be very much altered, and the dimenſions leſſened, for the edges of the bones will not only accede to each other, but will lap over in a very extraordinary manner, without any detriment to the child. The degree of oſſification varies in different ſubjects; but the head of a new-born infant is univerſally (except in ſome very rare deviations) found to be incompletely oſſified, and the advantage reſulting from it is not only perceived in thoſe difficulties which may be occaſioned by the natural large ſize of the head of the child, but in thoſe alſo which are produced by all the leſs conſiderable degrees of deformity of the *pelvis*. It is evident beyond all doubt, if this proviſion had not been made, that many children muſt have been deſtroyed at the time of birth, or their parents muſt have died undelivered.

Daily

Daily experience very obviouſly and ſufficiently proves that there is a relative proportion between the head of the child and the *pelvis* of the mother; and, from the excellent order obſerved in all the operations of Nature, it would be reaſonable to conclude, that the largeſt part of the head is conformable to the wideſt part of the *pelvis*. By the examination of a great number of women, who have died in various ſtages of the act of parturition, it has appeared, contrary to the general doctrine of the ancient and of many modern writers, when the poſition of the head was perfectly natural, that the ears were placed towards the *ſacrum* and *pubis*, or a little obliquely; and that the *vertex*, or that part where the hair diverges, is exactly or nearly oppoſed to the centre of the ſuperior aperture of the *pelvis* *. In the courſe of the deſcent of the head, there being ſome difference in the form of the *pelvis* at each particular part of the cavity, the poſition of the head is accommodated to each part, not by accident but compulſion, and at the lower part of the *pelvis*, in conſequence of that convergence before mentioned. With reſpect to the *pelvis*, the lower the head of the child has deſcended, the more diagonal is the poſition of the ears; but they are not always placed exactly towards the ſides

* This obſervation was firſt made by Sir FIELDING OULDS about the year 1737. *See his Treatiſe on Midwifery.*

of the *pelvis*, even when a portion of the head has emerged under the arch of the *offa pubis*. But this deſcription of the changing poſition of the head of the child in its paſſage through the *pelvis* is founded on the preſumption that it preſents naturally, and is guided by the form of the internal ſurface. If the head ſhould preſent differently, there will be correſponding, but not the ſame, changes; or, if it ſhould be very ſmall, it will not be influenced by the *pelvis*, but may paſs in any direction.

It does not appear, that any ill conſequences would follow an erroneous opinion of the manner in which the head of the child is protruded through the cavity of the *pelvis* in a natural labour; for, no aſſiſtance being wanted, no principle was required for the regulation of our conduct. But in all caſes in which there was a neceſſity of giving aſſiſtance, and where a change of what was deemed the wrong poſition of the head was improperly compriſed as a very material part of that aſſiſtance, as in the uſe of the *forceps*, great miſchief muſt often have been unavoidably done both to the parent and child.

SECTION IX.

From the examination of the form and dimenſions of the cavity of the *pelvis*, and of the head of a child, attempts have been made to explain

explain all the circumſtances of a labour upon mechanical principles, and to eſtabliſh the practice of midwifery upon the foundation of thoſe principles.

It may be ſuppoſed, for a moment, that the paſſage of the head of a child through the cavity of the *pelvis* ſhould be conſidered ſimply as a body paſſing through a ſpace: and we may try whether it be poſſible to apply mechanical principles with advantage for the explanation.

The firſt circumſtance to be conſidered in the attempt is, to aſcertain with preciſion the capacity of the ſpace. Now it is true that we have had many menſurations of the *pelvis* in all its parts, and that we have acquired a competent knowledge of the general dimenſions; but we know, at the ſame time, that there is in the *pelvis* of every individual woman ſome variety, and that the exact knowledge of theſe varieties, on which the explanation of a mechanical proceſs muſt depend, cannot be gained in any living ſubject.

It is equally neceſſary, that we ſhould have an accurate knowledge of the ſize of the body intended to be paſſed through this ſpace. But, though we have a good general idea of the figure and bulk of the heads of children at the time of birth, we are not ignorant, that thoſe of any two children were never found to be exactly alike, and that the peculiar difference cannot be diſcovered before a child is born.

The

The head of a child is of a limited ſize before it enters the cavity of the *pelvis*: but, by compreſſion in its paſſage, this is likewiſe altered in a manner and to a degree of which it is impoſſible to form any previous judgment.

In the conſideration of a body paſſing through a ſpace, there is alſo a neceſſity of knowing whether it be intended to paſs by its own gravity or force, or whether it be paſſive, and to be propelled by any adventitious power. If by the latter, as in the caſe of a child at the time of birth, the knowledge of the degree of that power is neceſſary to enable us to form an eſtimate of the poſſibility or likelihood of its ſucceſs; but of the degree of this varying power we can form a very uncertain conjecture in any particular caſe.

If then we have neither preciſe ideas of the dimenſions of the ſpace, nor of the magnitude of the body, nor of the alterations in ſize or form which the body may undergo, nor of the power excited to propel the body, it does not appear poſſible to explain, upon mechanical principles, the progreſs of a labour.

So much is however to be granted to the introduction of mechanical principles into the practice of midwifery, that they afford the greateſt advantage in all thoſe caſes of extreme difficulty, in which the aſſiſtance of art is ultimately required, becauſe ſuch aſſiſtance muſt be given upon theſe principles; and though they

they will not explain, they will illuſtrate the operations of the animal body, and, when applicable, are the ſureſt guides of human actions. But, on the whole, a fondneſs for an imperfect knowledge, and ſome affectation of mechanical principles, ſeem to have been very detrimental; as to theſe the frequent and unneceſſary uſe of inſtruments, and ſometimes their improper uſe, in the practice of midwifery, may in a great meaſure be originally attributed.

SECTION X.

THE obſervations which were made on the form and dimenſions of the cavity of the *pelvis* relate to its natural ſtate; but theſe are alſo to be conſidered when the *pelvis* is diſtorted.

Of the diſtortion of the *pelvis* there are two general cauſes. The firſt is that diſeaſe incident to children in the very early part of their lives, known by the term *rachitis*, which preventing the bones from acquiring their due ſtrength, or ſufficient firmneſs to ſupport the weight of the ſuperincumbent body, they bend in different directions and degrees, according to their weakneſs and the weight impoſed upon them, and the diſtortion thereby occaſioned is often fixed for the remainder of life. The ſecond is a diſeaſe which may occur at any period of life, and from its effect is called *oſteoſarcoſis*, or *mollities oſſium* *. It is far leſs frequent than

* Malacoſteon. Oſſium mollities, Vogel, Dxxiij.

the

the *rachitis*, but more dreadful in its conſequences, which no medicine hitherto tried has had ſufficient efficacy to prevent or to cure. In this diſeaſe the oſſific matter is not thought to be diſſolved or altered, but to be reabſorbed from the bones into the conſtitution, and carried out of the body by the common emunctories, or depoſited upon ſome other part where it is uſeleſs or prejudicial. The bones thus loſing the principle of their ſtability become ſoft, according to the degree and continuance of the diſeaſe; are unable to ſuſtain the weight of the body, and change their natural forms, in proportion to their weakneſs; ſo that in ſome inſtances the moſt diſtorted and frightful appearance of the whole body hath been exhibited*.

The effect of either of theſe diſeaſes is not confined to the *pelvis*; yet it is ſcarcely poſſible, that either of them ſhould exiſt for any length of time without producing its influence upon it. Hitherto much advantage has not been obtained by the knowledge of *oſteoſarcoſis*, nor have the ſymptoms which precede or accompany it been accurately obſerved, before the effect was produced. Yet it is poſſible, by attending to the ſecretions, and diſcovering an exceſs or defect of phoſphoric acid or the like principles, the deficiences and exceedings might be

* See Medical Obſervations and Inquiries, Vol. V, caſe 23. Memoirs of the Academy of Sciences, and various Authors. We ſhall afterwards refer to this ſubject.

ſupplied

ſupplied or leſſened, and perhaps the diſeaſe removed together with its effects.

The *pelvis* is more commonly diſtorted at the ſuperior aperture than at any other part, but never laterally. This is particularly occaſioned by the natural projection of the upper part of the *ſacrum*, and the loweſt of the lumbar *vertebræ*; though, in very bad caſes, a conſiderable deviation from their natural poſition is given to ſeveral of the adjoining *vertebræ*, and the *oſſa pubis* become diſtorted for the reaſons before aſſigned. Should a diſeaſe exiſt in the conſtitution which is capable of weakening the bones, it will not appear extraordinary that the *ſacrum* ſhould be diſtorted, if we recollect, that its texture is originally ſpongy; that it ſupports, both in the erect and ſedentary poſition, a great part of the weight of the body; and that, by the manner of its junction with the laſt of the *vertebræ*, a conſiderable angle is made, which, if but little increaſed, will cauſe a very important change in the form and dimenſions of the ſuperior aperture of the *pelvis*. In ſome caſes an irregular convexity, and in others a concavity, are produced by the bending of the *oſſa pubis* in different ways and degrees; by which, together with the projection of the *ſacrum* and lumbar *vertebræ*, the dimenſions of the ſuperior aperture of the *pelvis*, which in the narroweſt part ſhould exceed four inches, have been, in ſome inſtances, reduced

to

to leſs than one, and altered in every poſſible direction. It is probable, that, from a mere view of a diſtorted *pelvis*, independently of the weight of the bone or other circumſtances, we might be able to diſtinguiſh, by the part chiefly diſtorted, between a diſtortion occaſioned by the *rachitis* in infancy, and the *mollities oſſium* happening to an adult.

The form and dimenſions of the cavity of the *pelvis* may be changed in any part of its ſpace; but the moſt frequent alterations proceed from the *ſacrum*, which, beſides the projection before mentioned, may become too ſtraight, when the advantages which ſhould be derived from its concavity will be loſt. Or it may have too quick a curvature, by which the concavity will be rendered ſo ſmall as not to admit the head of the child; or an exoſtoſis may be formed on its internal ſurface, which will be the cauſe of inconveniences equivalent to thoſe occaſioned by the want of a proper degree of curvature.

The *os coccygis* may be preſſed inwards in ſuch a manner, that the point of it may approach the centre of the cavity; or the motions between the different portions of the bone may be loſt; or an *anchyloſis* may be formed between this bone and the *ſacrum*; by all which changes, according to their degree, the head of the child may be impeded in its paſſage through the *pelvis*.

The *ischia* may be distorted by the unnatural bent of the spinous processes; and the effect of their pressure may be observed for some time after birth, on the temporal and parietal bones of the head of a child propelled between them with much difficulty. The dimensions of the inferior aperture also may be lessened by the tuberosities of the *ischia* bending inwards or forwards, by which the arch of the *pubis* will be lessened, and rendered unfit to allow of the emergence of the head of the child under the *symphysis* of the *ossa pubis*.

When the stability of the bones of the *pelvis* is impaired, it is not possible to enumerate every kind of distortion which they may suffer; but it is principally in the degree that we are to seek for those great, and sometimes, though rarely, insurmountable difficulties which occur in the practice of midwifery, and prove dangerous to either, or both the parent and child.

In some cases the distortion of one part of the *pelvis* produces an enlargement of the rest. Thus when the superior aperture is contracted, the inferior may be expanded; and hence it is often observed in practice, when the head of the child hath passed the point of obstruction with the most tedious difficulty, that a labour will be unexpectedly and speedily completed.

When women have the appearance of being much deformed, it is reasonable to think that the *pelvis* must be affected. But there have been many instances of extreme distortion of the

the ſpine, yet the *pelvis* has preſerved its proper form and dimenſions; and ſome women, who were in other reſpects ſtraight and well proportioned, have had a diſtorted *pelvis*.

If the inferior extremities are crooked, or if any part of the body were diſtorted at a very early period of life, and remained in that ſtate, it is ſaid that we may be aſſured the *pelvis* partakes of the diſeaſe, and is involved in its conſequences. But, when the ſpine becomes diſtorted at a more advanced period, as at twelve or fourteen years of age, it is not to be eſteemed a preſumptive ſign of a diſtortion of the *pelvis*, being generally occaſioned by a local diſeaſe of the ſpine. Theſe obſervations are, I believe, commonly well-founded; but, as there are many exceptions, we ſhould not be juſtified in giving an opinion of a caſe of this kind, unleſs we were permitted to make an examination *per vaginam*. Nor ſhould we by this examination, or by any external menſuration, be able to determine with preciſion the exiſtence of every ſmall diſtortion, but ſuch only as was conſiderable in its degree. If we ſhould not be able to feel any projection of the *ſacrum*, or *vertebræ*, we ſhould have a right to conclude, that there was no conſiderable deformity of the *pelvis*; but, if we could feel the *ſacrum*, or *vertebræ*, we muſt judge by the readineſs with which they can be felt, of the degree of diſtortion, and of the impediments which may be there-

by

by occaſioned. But, in a matter which may be of ſo much concern, it behoveth us to be extremely circumſpect before we give an opinion, leſt, by our error, the peace of families and the comfort of individuals ſhould be deſtroyed.

CHAPTER II.

SECTION I.

ON THE EXTERNAL PARTS OF GENERATION.

THE preceding account of the *pelvis* appearing ſufficient to ſerve all the uſeful purpoſes of the practice of midwifery, we ſhall in the next place conſider the parts of generation, which have been properly divided into external and internal.

The external parts are the *mons Veneris*, the *labia*, the *perinæum*, the *clitoris*, and the *nymphæ*, to which may be added the *meatus urinarius*, and orifice of the *urethra*. The *hymen* may be eſteemed the barrier between the external and internal parts.

That ſoft fatty prominence which is ſituated upon the *oſſa pubis*, extending towards the groins and *abdomen*, is called *mons Veneris*. Its uſe ſeems to be chiefly that of preventing inconvenience or injury in the act of coition. If a line be drawn acroſs the anterior angle of the *pudendum*, all that part above it, which is covered with hair, may be called *mons Veneris*;

below it the *labia* commence, which being of a ſimilar, though looſer, texture, appear like continuations of the *mons Veneris*, expanding in the middle, and paſſing on each ſide of the *pudendum*, which they chiefly compoſe. Proceeding downwards and backwards the *labia* again unite, and the *perinæum* is formed.

All that ſpace between the poſterior angle of the *pudendum* and the *anus* is called the *perinæum*, the external covering of which is the ſkin, as the *vagina* is the internal; including between them cellular and adipoſe membrane, and the lower part of the *ſphincter ani*. The extent of the *perinæum* is generally about an inch and a half, though in ſome ſubjects it is not more than one, and in others is equal to three inches. The thin anterior edge is called the *frænum labiorum*.

Below the anterior angle of the *pudendum* the *clitoris* is placed, which riſes by two *crura*, or branches, from the upper part of the *rami* of the *iſchia*. The external part, or extremity, of the *clitoris* is called the *glans*, which has a prepuce or thin covering, to which the *nymphæ* are ſubjoined. The *clitoris* is ſuppoſed to be a principal ſeat of pleaſure, and to be capable of ſome degree of erection in the act of coition.

The *nymphæ* are two ſmall ſpongy bodies, or doublings of the ſkin, riſing from the extremities of the prepuce of the *clitoris*, leſs in ſize, and of a more delicate texture, but reſembling

in their form the *labia*. They pass on each side of the *pudendum*, within the *labia*, to about half its length, when they are gradually diminished till they disappear.

Immediately below the inferior edge of the *symphysis* of the *ossa pubis*, between the *nymphæ*, is the *meatus urinarius*, or termination of the *urethra*, which is about one inch and a half in length, and runs to the bladder in a straight direction, along the internal surface of the *symphysis*, to which, and to the *vagina*, it is connected by cellular membrane. On each side of the *meatus*, and on the whole internal surface of the *pudendum* are small orifices, which discharge a mucus, that, among other purposes, answers the end of preserving the external parts from any injury, to which they might be liable from the acrimony of the urine.

There is a very great difference in the appearance and size of all these parts in different women, especially in those who have had many children, and at various periods of life. In young women they are firm and vegete, but in the old, these, together with the internal parts, become flaccid and withered *.

SECTION II.

THE external parts of generation are subject to many diseases in common with other parts

* Partes genitales, cum earum nullus est usus, marcescunt, detrahuntur, ac veluti obliterantur. *Harv.*

of

of the body. They are alſo expoſed to ſome peculiar complaints, and to accidents at the time of parturition, of which we ought to be well informed, that we may by our care prevent them, or give ſuch relief as may be required when they have unavoidably happened.

The *labia* and *nymphæ*, as might be expected from their fatty and cellular texture, are liable to elongation, to excreſcences, and to the production of ſcirrhous tumours; which in ſome inſtances have grown to an enormous ſize, eſpecially in hot climates *. For preſerving all theſe parts in a healthy ſtate, nothing is more beneficial than the daily and liberal uſe of cold water.

It is not unuſual and perhaps not unnatural, for one of the *labia* or of the *nymphæ* to be ſomewhat larger and more pendulous than the other; but neither the enlargement, nor elongation, is to be regarded as a diſeaſe, till ſome inconvenience is produced by it. The ſame obſervation may be made of excreſcences or ſcirrhous tumours, which are therefore generally found to have acquired a conſiderable ſize before they are divulged by the patient.

In all the ſubordinate degrees of theſe complaints, when there is reaſon to think that they ariſe from ſome conſtitutional cauſe, relief may be given by ſuch medicines or treatment, as

* Nymphæ aliquando enormes ſunt; quare Coptæ et Mauri eas circumcidunt. *Haller. Phyſiolog.*

will alter and amend the general health. Or if they be owing to any ſpecific cauſe, as the venereal diſeaſe, of which excreſcences in particular are a very frequent conſequence, preparations of quickſilver are to be uſed or given, till we are certain that the conſtitution is freed from the infection. Applications ſuitable to the ſtate they are in are at the ſame time neceſſary; and of theſe there will be occaſion to uſe a variety, from the moſt emollient and ſoothing, which may be proper when the parts are in a very irritable and inflamed ſtate, to thoſe which have different degrees of eſcharotic qualities; when we preſume there is a chance of removing the excreſcences by ſuch means. But when complaints of this kind have been of long continuance, or when the parts have increaſed to ſuch a ſize as to hinder the common offices of life, there is but little reaſon to hope for their removal by any application or medicines, and the diſeaſed part muſt be extirpated with the knife; which operation may be performed with ſafety, and the faireſt proſpect of ſucceſs. As the blood-veſſels are few, and naturally ſmall in proportion to the ſize of the parts, there is not much danger of a hemorrhage, though, in ſome caſes, this is ſaid to have been alarming and extremely difficult to manage *. But I have more than once ſeen both the enlarged *nymphæ*, and ſeveral excreſcences of conſiderable ſize growing upon them,

* See Mauriceau, Vol. ii, Obſ. clxxiv.

removed

removed by the knife at the same time, yet the surgeon has not been under the necessity of tying a single blood-vessel.

SECTION III.

EDEMATOSE swellings of the external parts may occur, either in a general anasarcous state of the whole body, or when any cause produces a temporary pressure upon those vessels, which are intended to conduct the returning fluids from the inferior extremities: particularly the enlarged *uterus*, in the advanced state of pregnancy. Whatever may be the cause of these swellings, if they should increase so as to become troublesome, the method of giving relief is obvious and easy, as it consists only in making some very slight scarifications in different parts of the *labia*, by which the stagnating fluids will be discharged, and the *labia* reduced to their natural size. It is not unusual for these swellings to return two or three times towards the conclusion of pregnancy; in which case, or even in the time of labour, the scarifications, if necessary, may be repeated. A flannel wrung out of some emollient fomentation, and applied to the parts when they have been scarified, will contribute to the easy and perfect discharge of the fluids, and after delivery the complaint will not return.

SECTION IV.

THE coheſion of the *labia* to each other has been mentioned as a diſeaſe occurring to adult women, eſpecially in hot climates, if inflammation, preventing the due ſecretion of the mucus with which theſe parts are naturally clothed on their internal ſurface, ſhould take place; or if they ſhould be excoriated by any accidental cauſe and neglected in that ſtate. The *labia* will alſo very frequently cohere in children, in ſuch a manner as to leave no veſtige of a paſſage into the *vagina*, except at the anterior part, for the diſcharge of the urine; and lead us, by the general appearance, to apprehend a defect in the organization of the parts. In ſuch caſes, we have been directed to ſeparate them with a knife; and how far ſuch an operation may be neceſſary in the adult, if the parts ſhould cohere either in conſequence of ſome new affection, or if a coheſion originating in infancy ſhould continue to adult age, muſt depend upon the judgment of the ſurgeon. But in infants ſuch an operation is neither requiſite nor proper; becauſe a ſeparation may always be made, by a firm and ſomewhat diſtracting preſſure upon each *labium* at the ſame time, which ſcarcely makes the child complain; though the ſmall veſſels, which had inoſculated from one *labium* to the other, may be perceived to be dragged out during the

the continuance of the preſſure. When a ſeparation of the cohering *labia* has been made in the manner before mentioned, a folded piece of linen, moiſtened in a very weak ſolution of the *zincum vitriolatum*, or ſome lightly aſtringent liquor, ſhould be applied every night when the child is put to reſt, to prevent the reunion, to which there is a great diſpoſition; and which will certainly take place, if the *labia* be ſuffered to remain in contact immediately after the ſeparation.

It is extraordinary that ſo little notice ſhould have been taken of a complaint which is very frequent in children; but it is probable that the conſtant and free uſe of their limbs, when they begin to walk, cauſes a ſeparation without any other aſſiſtance, otherwiſe the coheſion muſt frequently have occurred in adults, in whom the caſe is very rare. But on this expected probable ſeparation we ſhould be afraid to rely, when we are aſſured that the complaint does actually exiſt.

SECTION V.

In conſequence of violent inflammation from accidental or other cauſes, either of the *labia* may become tumified, and a large abſceſs has been ſometimes formed. This is attended with extreme pain, the deſire of relieving which has induced ſurgeons to open the abſceſs, and give vent to the matter as ſoon as it could be perceived

ceived to fluctuate. But though the pain may, for the preſent, be abated by the early diſcharge of the matter, the part continues indurated, is indiſpoſed to heal, and not unfrequently becomes fiſtulous. But if the abſceſs be ſuffered to break of its own accord, the part will have the kindeſt tendency to heal, and, with common care, the cure be ſoon perfected. Should the pain be extreme during the ſuppuration, which is often the caſe, beſides the uſe of fomentations and cataplaſms, recourſe muſt be had to opiates for its abatement. There is never any reaſon to attribute this complaint to any venereal affection, though it is often ſuſpected. Scirrhous tumours of the *labia* may be extirpated with full as much caſe as thoſe of any other part of the body.

SECTION VI.

THOUGH the *perinæum* is not often affected with any particular diſeaſe, it is ſubject to a laceration from the diſtention which it undergoes, when the head of the child is paſſing through the external parts. This laceration, which is moſt likely to happen with firſt children, though with rude treatment, hurry, or neglect, either on the part of the patient or practitioner, it may occur with ſubſequent ones, eſpecially in thoſe women who have the *perinæum* naturally ſhort, differs in direction

and

and extent, and may be in every degree, from the *fraenum*, or edge of the *perinæum*, to the extremity of the *ſphincter ani*, or even higher up into the *rectum*.

That ſome degree of laceration ſhould ſometimes occur will not be ſurpriſing, if we conſider the great change and violence, which all theſe parts ſuſtain, at the time when the head of the child is paſſing through them; or that when a laceration begins, it ſhould extend through a part rendered at that time extremely thin, and ſuffering an equal degree of force. When the *perinæum* is indiſpoſed to diſtend; or if, when diſtended, it cannot permit the head of the child to paſs with facility, the anterior part of the *rectum* is dragged out, and gives to the *perinæum* a temporary elongation. The true *perinæum*, and the temporary, as it may be called, thus forming an equal, uninterrupted ſpace, if a laceration ſhould commence at any part, it might without the greateſt care extend through the whole. Of the method by which the laceration may be prevented, and of the treatment which may be proper when it has occurred, we ſhall ſpeak in other places. At preſent we ſhall inquire into the cauſes of an accident, the prevention of which is the principal object of our attention in natural labours.

Though no means are uſed to prevent the laceration of the *perinæum* in quadrupeds at the time of parturition, it is remarkable that they

are

are very rarely or never liable to it, except in thoſe caſes in which the neceſſity of their ſituation is ſuppoſed to require aſſiſtance; and this being given with ignorance and violence (two very familiar companions) may not improperly be eſteemed the cauſe of the accident. It is therefore reaſonable to preſume, that the frequent occurrence of this laceration in the human ſpecies, allowing that it is in ſome caſes and in ſome degree unavoidable, ought to be imputed to ſome accidental cauſe, or to error in conduct, rather than to any peculiarity in the conſtruction of the part, or in the circumſtances of their parturition; becauſe when women were delivered without aſſiſtance, I have not in any caſe obſerved any very conſiderable laceration. I believe, no obſervation is more generally true, than that of the exiſtence of a power in the ſtructure and conſtitution of every animal, by which evils are prevented or remedied, and by which the greater part of the difficulties occurring at the time of their parturition are overcome; which power, combined with ſympathetic or correſponding actions of other parts, is commonly exerted with a degree of energy and effect proportionate to the difficulty.

The cauſes diſpoſing to, and capable of, producing a laceration of the *perinæum* ſeem to be theſe:

Firſt, the increaſed tenderneſs and delicacy of the ſkin, occaſioned by peculiar habits or modes of living. That this and every other part

part of the body may, by alteration from its natural ſtate, become more ſuſceptible of pain, and leſs able to bear violence of any kind, is clearly proved by the different degrees of thoſe properties in parts of the body which are uſually clothed or uncovered,

Secondly, The poſition of women at the time of delivery. Women in this country, at the preſent time, are placed in bed upon their left ſide, with their knees drawn up towards the *abdomen*; which poſition, though convenient to the attendant, ſeems to occaſion a projection of the part of the child which preſents, in a line unfavourable to the *perinæum*. But if they were to be placed upon their knees, and leaning forwards, which is a poſition at that time perhaps the moſt natural, as it is often inſtinctively ſought for, and in ſome countries choſen in caſes of difficulty and diſtreſs; then the head or part preſenting would, by its line of gravitation, leſſen the preſſure upon the *perinæum*, and of courſe, the hazard of its laceration.

Thirdly, The diſturbance of the order of a labour. Every change which is made in the parts, both external and internal, at the time of labour is ſucceſſive, and every pain ſeems to produce two effects; it dilates one part, and gives to ſome other part a diſpoſition to be dilated. If therefore, by hurry or imprudent management, the head of the child, in its paſſage through the *pelvis*, be brought into contact

tact with parts which have not yet acquired their diſpoſition to dilate; or if, by artificial dilatation, we attempt to ſupply the want of the natural, the parts will ſooner be lacerated than diſtended.

Fourthly, When animals bring forth their young, the effort to expel is inſtinctive, no part of the force exerted appearing to be voluntary. Women on the contrary, either from erroneous opinions, or from falſe inſtructions, exert a conſiderable degree of voluntary force, often indeed their whole ſtrength, with the hope and intention of finiſhing their labours ſpeedily. Now if we ſuppoſe that the *perinæum* is able to bear all the force inſtinctively exerted, without injury, but no greater; then the whole voluntary force will, in proportion to its degree, induce the danger of a laceration, unleſs its effect be counteracted by ſome adventitious help. On this principle it is uſual to ſupport the *perinæum*, according to the exigence of the caſe, not with the view of altering the direction of the head of the child, but ſimply of retarding its paſſage through the external parts. For the *perinæum* is not torn becauſe the head of the child is large, or paſſes in any particular direction, but becauſe it paſſes too ſpeedily, or preſſes too violently upon the parts, before they have acquired their proper dilatability; it therefore rarely happens, that the *perinæum* is lacerated in very ſlow or difficult labours, whatever may be the ſize of the head of the child.

SECTION

SECTION VII.

That kind of laceration of the *perinæum*, which commences at the anterior edge, and runs obliquely or directly backwards, is alluded to in every diſſertation upon this ſubject. But there have been many inſtances of another kind of laceration which may be called a burſting or perforation of the *perinæum*, at that part which is connected with the circumference of the *anus*, when the anterior part is preſerved; and through ſuch perforations it is ſaid children have ſometimes been expelled. There is in ſome French writer, whoſe name I cannot recollect, an account of a caſe of this kind, in which the head and body of the child were excluded through an opening in the *perinæum* thus caſually made, in which the *frænum* of the *perinæum* was preſerved entire. Nor does the common laceration of the *perinæum* always commence at the *frænum*, even in inſtrumental deliveries, but further back, and then bears down before it all the anterior part.

In a caſe which occurred in my own practice, I was ſenſible of this kind of laceration before the expulſion of the head, which I guided through the natural paſſage, ſupplying the want of the *perinæum* with the palm of my hand. The external parts were in this patient extremely rigid and contracted; and, as I applied

myſelf

myſelf with great aſſiduity to preſerve them. at the anterior part of the *perinæum*, I imputed the accident to this circumſtance, rather than to theneceſſity of the caſe. The patient did not make any unuſual complaint immediately after delivery; but, on the following day, there was a violent inflammation of the parts, with a ſuppreſſion of urine, and the *lochia* were diſcharged through the ruptured part, but no *fæces* ever came through it, or by the *vagina*. By the uſe of fomentations and cataplaſms, of cooling laxative medicines, and occaſionally of opiates, the inflammation was ſoon abated. The ſuppuration being profuſe, the bark was given; and, at the end of ten weeks, the lacerated parts were healed. No particular examination was ever made during the cure, and none but ſuperficial dreſſings applied. When I attended this patient with her ſecond child, I obſerved a large round cicatrice at the rugous part of the *anus*, but ſhe ſcarcely ſuffered any inconvenience from it; and recovered as well as if no ſuch accident had formerly happened. Of this kind of accident another caſe has lately been communicated to me, which created much trouble for a conſiderable time after delivery, but which at length terminated without any permanent inconvenience.

SECTION VIII.

THE *clitoris* is little concerned in the prac-

tice

tice of midwifery, on account of its ſize and ſituation. But it is ſaid to have been ſometimes elongated and enlarged in ſuch a manner as to equal the ſize of the *penis*, when it makes one of thoſe many peculiarities which have been ſuppoſed to conſtitute an hermaphrodite *, or an animal partaking of the ſexual properties of the male and female; but if there be any examples of true hermaphrodites, the term is in this caſe improperly uſed †.

Should the *clitoris* increaſe to ſuch a ſize as to occaſion much inconvenience, it may be extirpated either by the knife or ligature ‡; but if the cauſe of the enlargement, which is commonly aſſigned, be true, it is not probable that any motive of delicacy or inconvenience will be a ſufficient inducement to ſuffer the pain of extirpation §.

SECTION IX.

THE bladder and *urethra* in women are naturally liable to fewer diſeaſes than the ſame

* Hermaphroditi veri non dantur.—*Ruyſch. Theſ.* viii.

† *Clitoris* major in fœtu exiſtit.—*Ruyſch. Theſ.* vi. l. 1. *Cercoſis.* Clitoris prælonga. Vogel. ccccxxxv.

‡ See *Bruce's* Travels; and Travels in *Africa, Egypt.* and *Syria*, by *G. H. Browne*, in which we are told that it is always extirpated as a religious ceremony; yet of this there remains ſome doubt. See alſo *Sonnini*, Chap. 23.

§ Quæ extra venerem, in caſta femina, parva fuerat, ſuo etiam modo arrigit et intumeſcit, ut præpoſteræ veneri ſervire poſſit, multoque uſu ejus turpitudinis, denique moles ejus augetur.—*Haller. Phyſiolog.*

parts in men, the latter being more ſhort, in a ſtraight direction, and its connexion far more ſimple; and their uſe is wholly confined to the reception and conveyance of the urine. Women have, nevertheleſs, a ſtone ſometimes formed in the bladder; and it has been thought an improvement in practice to evade the operation of lithotomy, by diſtending, with bougies gradually enlarged, the *urethra*, till it is of ſufficient dimenſions to allow the ſtone to paſs through it. It is proved by experience, that the *urethra* will diſtend, or may be artificially diſtended, ſufficiently to allow a ſtone of a conſiderable ſize to paſs, as I have known in many inſtances; but if the diſtention be carried beyond a certain degree, it is ſaid the tone of the part will be deſtroyed, and the patient ever remain ſubject to an involuntary diſcharge of urine, a greater evil than any of the common conſequences of lithotomy, which is a far leſs complex and difficult operation in women than in men.

From the cavity of the bladder, in the courſe of the *urethra*, and about the *meatus urinarius*, excreſcences of various forms and ſizes ſometimes grow, which produce ſymptoms almoſt equally troubleſome, and ſimilar to thoſe which are cauſed by the ſtone or other diſeaſes in the bladder, for which they are often miſtaken. Theſe may be extirpated by the knife, by ligature, by cauſtic applications, or by wearing bougies, according to their ſize, or the part where

where they grow, which may render one method more convenient or preferable to the reſt. But theſe excreſcences, when they ariſe in the *urethra* or bladder, are ſometimes not to be removed without much difficulty and trouble; and as little violence as poſſible is to be uſed in the operation, when we attempt to remove them.

SECTION X.

THE *pruritus*, itching, or ſtinging of the external parts, is a complaint to which women are liable at any period of life; but it is moſt frequently attendant on the ſtate of pregnancy, of which it is one of the moſt troubleſome conſequences. If it affect the internal parts, or be exceſſive in its degree, it is ſaid to terminate in the *furor uterinus*. It is ſometimes occaſioned by a diſeaſe or affection of the bladder, and is then equivalent to the itching of the *glans penis* in men; but it more commonly proceeds from ſome affection of the *uterus*, having been moſt commonly obſerved to occur in pregnancy, eſpecially when the child was dead, or about the time of the final ceſſation of the *menſes*, when there was a diſpoſition to diſeaſe in the *uterus*. The inſtances of this *pruritus* either proceeding or accompanying truly cancerous diſpoſitions of the *uterus* are very rare.

The means uſed for the relief of the patient muſt depend upon the ſeat, the cauſe, and the

degree of the complaint. When it happens during pregnancy, and at all other times, if attended with inflammation, it is neceſſary to bleed; to give gentle laxative medicines; and to uſe ſedative applications, of which perhaps the beſt is a weak ſolution of *ceruſſa acetata* as a lotion; or a decoction of poppy heads, with a ſmall quantity of *ceruſſa acetata* diſſolved in it, as a fomentation. But of all the applications I have ſeen uſed, none has more generally afforded relief than cold water very frequently applied with a ſponge, and occaſionally made colder with the addition of ice, or a little vinegar and ſpirit of wine. More active applications are often preſcribed; but I have ſuſpected that theſe, in many caſes, rather aggravate than leſſen the complaint, though much benefit is ſometimes derived from waſhing the parts with water moderately acidulated with the nitric acid: or the application of one part of the *unguentum hydrargyri muriati*, and three parts of the *unguentum ceruſſæ acetatæ*. If the patient be pregnant, the attempt to cure it will often be vain, and we muſt be ſatisfied with moderating it till ſhe is delivered, when it will generally ceaſe ſpontaneouſly. When this complaint is independent of pregnancy, originates from an affection of the *uterus*, and is of long continuance, the applications muſt be varied, and ſuch medicines given as promiſe relief by changing the ſtate of that part. Sulphur, taken internally, has ſometimes been of much

much ſervice; or applied to the part as a powder, liniment, or lotion. The burnt ſponge with nitre, and the *extractum cicutæ*, have alſo been given with advantage; together with a lotion compoſed of equal parts of the *aqua zinci vitriolati cum camphora* and roſe water; or the application of the *unguent. hydrargyr. fort.* I have alſo frequently given five grains of *Plummer's* pill every night at bed-time for a month, and a pint of the decoction of *ſarſaparilla* daily; though there was no ſuſpicion of any venereal infection, of which the itching is, I believe, a very unuſual ſymptom. But when this complaint has been occaſioned by an affection of the bladder, the conſtant or daily uſe of a bougie in the *urethra* has in ſome caſes effectually cured the patient.

SECTION XI.

THE *hymen* is a thin membrane of a ſemilunar, or circular form, placed at the entrance of the *vagina*, which it in great part cloſes. It has a very different appearance in different women, but it is generally, if not always *, found in virgins, and is very properly eſteemed the teſt of virginity, being ruptured in the firſt act of coition; and the remnants of the *hymen*

* Membrana hymen, quæ utrum detur, necne, ſub judice lis olim fuit, hoc autem tempore in anatomia magis verſatis nihil notius eſſe poteſt.—*Ruyſch. Theſ.* iii. No. xv.

are called the *carunculæ myrtiformes* *. The *hymen* is alſo peculiar to the human ſpecies, from which a moral writer might draw inferences favourable to the eſtimation of chaſtity in women.

There are two circumſtances relating to the *hymen* which require medical aſſiſtance. It is ſometimes of ſuch a ſtrong ligamentous texture, that it cannot be ruptured, and prevents the connexion between the ſexes. It is alſo ſometimes imperforated, wholly cloſing the entrance into the *vagina*, and preventing any diſcharge from the *uterus*; but both theſe caſes are extremely rare.

If the *hymen* be of an unnaturally firm texture, but perforated, though perhaps with a very ſmall opening, the inconveniencies thence ariſing will not be diſcovered before the time of marriage, when they may be removed by a crucial inciſion made through it, taking care not to injure the adjoining parts, and to prevent their reunion.

But the imperforation of the *hymen* will produce its inconveniencies, when the perſon begins to menſtruate †. For, the menſtruous blood being ſecreted from the *uterus* at each period, and not evacuated, the patient ſuffers

* Hymenis diſſoluti reliquiæ, et corruptæ adeo pudicitiæ indicia.—*Haller. Phyſiolog.*

† Menſes a membrana vulvam claudente ſuppreſſi, perque hujus inciſionem evacuati.—*Roych. Obſ.* 1720.—*and all the older writers.*

much

much pain from the diſtention of the parts; many ſtrange ſymptoms and appearances are occaſioned, and ſuſpicions injurious to her reputation are often entertained. In a caſe of this kind, for which I was conſulted, the young woman, who was twenty-two years of age, having many uterine complaints, with the *abdomen* conſiderably enlarged, was ſuſpected to be pregnant, though ſhe perſevered in aſſerting the contrary and had never menſtruated. When ſhe was prevailed upon to ſubmit to an examination, the circumſcribed tumour of the *uterus* was found to reach as high as the navel, and the external parts were ſtretched by a round ſoft ſubſtance at the entrance of the *vagina*, in ſuch a manner as to reſemble that appearance which they have when the head of a child is paſſing through them; but there was no entrance into the *vagina*. On the following morning an inciſion was carefully made through the *hymen*, which had a fleſhy appearance, and was thickened in proportion to its diſtention. Not leſs than four pounds of blood, of the colour and conſiſtence of tar, were diſcharged; and the tumefaction of the *abdomen* was immediately removed. Several ſtellated inciſions were afterwards made through the divided edges, which is a very neceſſary part of the operation; and care was taken to prevent a reunion of the *hymen* till the next period of menſtruation, after which ſhe ſuffered no inconvenience. The blood diſcharged was not putrid or coagulated,

and ſeemed to have undergone no other change, after its ſecretion, but what was occaſioned by the abſorption of its more fluid parts. Some caution is required when the *hymen* is cloſed in thoſe who are in advanced age, unleſs the membrane be diſtended by the confined menſes, as I once ſaw an inſtance of inflammation of the *peritonæum* being immediately produced after the operation, of which the patient died as in the true puerperal fever, and no other reaſon could be aſſigned for the diſeaſe.

The *carunculæ myrtiformes* by their elongation and enlargement ſometimes become very painful and troubleſome. Under ſuch circumſtances they require the ſame management, and admit of extirpation in the ſame manner, as the diſeaſed *nymphæ*.

CHAPTER III.

SECTION I.

ON THE INTERNAL PARTS OF GENERATION.

THE internal parts of generation are the *vagina*, the *uterus*, the *fallopian* tubes, and the *ovaria*. The ligaments may be eſteemed appendages to the *uterus*.

That canal which leads from the *pudendum* or external orifice, to the *uterus*, is called the *vagina*. It is ſomewhat of a conical form, with the narroweſt part downwards, and is deſcribed as being five or ſix inches in length, and about two in diameter. But it would be more proper to ſay, that it is capable of being extended to theſe or even greater dimenſions; for in its common ſtate, the *os uteri* is ſeldom found to be more than three inches from the external orifice, and the *vagina* is contracted as well as ſhortened.

The *vagina* is compoſed of *two* coats, the firſt or innermoſt of which is villous, interſperſed with many excretory ducts, and contracted into *plicæ*, or ſmall tranſverſe folds, particularly at the fore and back part; but by frequent child-

child-bearing theſe are leſſened or obliterated. The ſecond coat is compoſed of a firm membrane, in which muſcular fibres are not diſtinctly obſervable, but which is endowed to a certain degree with contractile powers like a muſcle. This is furrounded by cellular membrane, which connects it to the neighbouring parts. A portion of the upper and poſterior part of the *vagina* is alſo covered by the *peritonæum*.

The entrance of the *vagina* is conſtricted by muſcular fibres, originating from the *rami* of the *oſſa pubis*, which run on each ſide of the *pudendum*, ſurrounding the poſterior part, and executing an equivalent office, though they cannot be ſaid to form a true *ſphincter*.

The upper part of the *vagina* is connected to the circumference of the *os uteri*, but not in a ſtraight line, ſo as to render the cavity of the *uterus* a continuation of that of the *vagina*. For the latter ſtretches beyond the former, and being joined to the *cervix*, is reflected over the *os uteri*; which, by this mode of union, is ſuſpended with protuberant lips in the *vagina*, and permitted to change its poſition in various ways and directions. When therefore theſe parts are diſtended and unfolded at the time of labour, they are continued into each other, and there is no part which can properly be conſidered as the preciſe beginning of the *uterus*, or termination of the *vagina*.

The form of the *uterus* reſembles that of an oblong

oblong pear, flattened, with the depreſſed ſides placed towards the *oſſa pubis* and *ſacrum*; but in the impregnated ſtate it becomes more oval, according to the degree of its diſtention *.

For the convenience of deſcription and for ſome practical purpoſes, the *uterus* is diſtinguiſhed into three parts; the *fundus*, the body, and the *cervix*. The upper part is called the *fundus*, the lower the *cervix*, and the ſpace between them, the extent of which is undefined, the body. The *uterus* is about three inches in length, about two in breadth at the *fundus*, and one at the *cervix*. Its thickneſs is different at the *fundus* and *cervix*, being at the former uſually rather leſs than half an inch, and at the latter ſomewhat more; and this thickneſs is preſerved throughout pregnancy, chiefly by the enlargement of the veins and lymphatics, there being a ſmaller change in the ſize of the arteries †. That there is ſo great a variety in the ſize and dimenſions of the *uterus* in different women, independent of the ſtates of virginity, marriage, or pregnancy, as to prevent any very accurate menſuration.

The cavity of the *uterus* correſponds with the external form. That of the *cervix* leads from the *os uteri*, where it is very ſmall, in a

* Facies uteri anterior planior eſt, convexior poſterius; latera pene in aciem extenuata.—*Roederer*.

† Pars magna craſſitiei uteri ad venas pertinet.—Veſalius and *all the older Writers*.

ſtraight

ſtraight direction, to the *fundus*, where it is expanded into a triangular form, with two of the angles oppoſed to the entrance into the *fallopian* tubes; and at the place of junction between the *cervix* and the body of the *uterus*, the cavity is ſmaller than it is in any other part. There is a ſwell, or fulneſs, of all the parts, towards the cavity, which is ſometimes diſtinguiſhed by a prominent line running longitudinally through its middle.

The villous coat of the *vagina* is reflected over the *os uteri*, and is continued into the membrane which lines the cavity of the *uterus* *. The internal ſurface of the *uterus* is corrugated in a beautiful manner, but the *rugæ*, which are longitudinal, leſſen as they advance into the *uterus*, the *fundus* of which is ſmooth. In the intervals between the *rugæ* are ſmall orifices, like thoſe in the *vagina*, which diſcharge a mucus, ſerving, beſides other purpoſes, that of cloſing the *os uteri* very curiouſly and perfectly during pregnancy †.

The ſubſtance ‡ of the *uterus*, which is very firm, is compoſed of arteries, veins, lympha-

* Pulpoſum magis quam vaginæ velamentum aliquoties reperi.—*Haller*, *Phyſiolog.*

† Adeo abundans ut totam cervicem repleat, et oſculum quaſi obturet. *Haller Phyſiolog. and many of the older Writers.*

‡ In gravida femina in lamin æ poſſit dividi, et in morbis in laciniias, ſquamaſque.—*Noortwyck. Uter. Gravid.* 1 l. c.

tics,

tics, nerves, and muſcular fibres, curiouſly interwoven and connected together by cellular membrane. The muſcular fibres are of a pale colour, and appear alſo in their texture ſomewhat different from muſcular fibres in other parts of the body. Theſe are ſeen moſt perfectly in a *uterus* which has been parboiled.

The arteries of the *uterus* are the ſpermatic and hypogaſtric.

The ſpermatic arteries ariſe from the anterior part of the *aorta*, a little below the emulgents, and ſometimes from the emulgents. They paſs over the *pſoæ* muſcles, behind the *peritonæum*, enter between the two *laminæ*, or duplicatures of the *peritonæum*, which form the broad ligaments of the *uterus*, proceed to the *uterus*, near the *fundus* of which they inſinuate themſelves, giving branches in their paſſage to the *ovaria* and *fallopian* tubes.

The hypogaſtric arteries are on each ſide a conſiderable branch of the internal iliacs. They paſs to the ſides of the body of the *uterus*, ſending off a number of ſmaller branches, which dip into its ſubſtance. Some branches alſo are reflected upwards to the *fundus uteri*, which anaſtomoſe with the ſpermatic arteries, and others are reflected downwards ſupplying the *vagina*.

The veins which reconduct the blood from the *uterus* are very numerous, and their ſize in the unimpregnated ſtate is proportioned to that

that of the arteries; but the enlargement during pregnancy is ſuch, that the orifices of ſome of them, when divided, will admit even of the end of a ſmall finger. The veins anaſtomoſe in the manner of the arteries, which they accompany out of the *uterus*; and then, having the ſame names with the arteries, ſpermatic and hypogaſtric, the former proceeds to the *vena cava* on the right ſide, and on the left to the emulgent vein; and the latter to the internal iliacs.

From the ſubſtance and ſurfaces of the *uterus* an infinite number of lymphatics ariſe, which follow the courſe of the hypogaſtric and ſpermatic blood-veſſels. The firſt paſs into the glands of the internal iliac *plexus*; and the other into the glands which are ſituated near the origin of the ſpermatic arteries. Of theſe *Nuck* firſt gave a delineation.

The *uterus* is ſupplied with nerves from the lower meſocolic *plexus*, and from two ſmall flat circular ganglions, which are ſituated behind the *rectum*. Theſe ganglions are joined by a number of ſmall branches from the third and fourth ſacral nerves. The *ovaria* derive their nerves from the renal *plexus*. By the great number of nerves theſe parts are rendered extremely irritable; but it is by thoſe branches which the *uterus* receives from the intercoſtal, that the intimate conſent between it and various other parts is chiefly preſerved.

The muſcular fibres of the *uterus* have been

deſcribed

deſcribed in a very different manner by anatomiſts, ſome of whom have aſſerted, that its ſubſtance was chiefly muſcular, with fibres running in tranſverſe, orbicular, or reticulated order; whilſt others have contended, that there were no muſcular fibres whatever in the *uterus*. In the unimpregnated *uterus*, when parboiled for the purpoſe of a more perfect examination, the former ſeems to be a true repreſentation; and when the *uterus* is diſtended towards the latter part of pregnancy, theſe fibres are very thinly ſcattered; but they may be diſcovered in a circular direction at the junction between the body and the *cervix* of the *uterus*, and ſurrounding the entrance of each *fallopian* tube in a ſimilar order. Yet it does not ſeem reaſonable to attribute the extraordinary action of the *uterus* at the time of labour to its muſcular fibres only, if we be to judge of the power of a muſcle by the number of fibres of which it is compoſed, unleſs it is preſumed, that thoſe of the *uterus* are ſtronger than in common muſcles.

With reſpect to the glands of the *uterus* none are diſcoverable diſperſed through its ſubſtance. Upon the inner ſurface of the *cervix*, between the *rugæ*, there are *lacunæ* which ſecrete mucus, and there are ſmall follicles at the edge of the *os uteri*. Theſe laſt are only obſervable in a ſtate of pregnancy or diſeaſe, when they are much enlarged.

From the angles at the *fundus* of the *uterus* two

two proceſſes of an irregularly round form originate, called, from the name of the firſt deſcriber, the *fallopian* tubes. They are about three inches in length, and becoming ſmaller in their progreſs from the *uterus*, have an uneven, fringed termination, called the *fimbriæ*. The canal which paſſes through theſe tubes is extremely ſmall at their origin, but it is gradually enlarged, and terminates with a patulous orifice, the diameter of which is about one third of an inch, ſurrounded by the *fimbriæ*. It is alſo lined by a very fine vaſcular membrane formed into ſerpentine *plicæ*. Through this canal, the communication between the *uterus* and *ovaria* is preſerved. The *fallopian* tubes are wrapped in duplicatures of the *peritonæum*, which are called the broad ligaments of the *uterus*; but a portion of their extremities thus folded hangs looſe on each ſide of the *pelvis*.

The *ovaria* are two flat oval bodies, about one inch in length, and rather more than half in breadth and thickneſs, ſuſpended in the broad ligaments about the diſtance of one inch from the *uterus*, behind, and a little below the *fallopian* tubes *.

To the *ovaria*, according to the idea of their ſtructure entertained by different anatomiſts, various uſes have been aſſigned, or the purpoſe

* Ovaria in vetulis admodum exilia, ut plurimum viſuntur. *Ruyſch. Obſ. Anatom.* xlv.

they

they anſwer has been differently explained. Some have ſuppoſed, that their texture was glandular, and that they ſecreted a fluid equivalent to and ſimilar to the male *ſemen*; but others, who have examined them with more accuracy, aſſert that they are *ovaria* in the literal acceptation of the term, and include a number of veſicles, or *ova*, to the amount of twenty-two of different ſizes, joined to the internal ſurface of the *ovaria* by cellular threads or pedicles; and that they contain a fluid, which has the appearance of thin lymph. Theſe veſicles are in fact to be ſeen in the healthy *ovaria* of every young woman. They differ very much in their number in different *ovaria*, but are very ſeldom ſo numerous as has juſt been ſtated. All have agreed, that the *ovaria* prepare whatever the female originally ſupplies towards the formation of the *fœtus*; and this is proved by the operation of ſpaying, which conſiſts in the extirpation of the *ovaria*, after which the animal not only loſes the power of conceiving, but deſire is for ever extinguiſhed.

The outer coat of the *ovaria*, together with that of the *uterus*, is given by the *peritonæum*; and whenever an *ovum* has paſſed into the *fallopian* tube, a fiſſure may be obſerved at the part through which it is ſuppoſed to have been transferred. Theſe fiſſures healing, leave ſmall longitudinal cicatrices on the ſurface which are ſaid to enable us to determine, whenever the

ovarium is examined, the number of times a woman has conceived.

The *corpora lutea* are oblong glandular bodies of a yellowiſh colour, found in the *ovaria* of all animals when pregnant, and, according to ſome, when they are falacious. They are ſaid to be *cafves* from which the impregnated *ovum* has dropped; and their number is always in proportion to the number of conceptions found in the *uterus*. They are largeſt and moſt conſpicuous in the early ſtate of pregnancy, and remain for ſome time after delivery, when they gradually fade and wither till they diſappear. The *corpora lutea* are extremely vaſcular, except at their centre, which is whitiſh; and in the middle of the white part is a ſmall cavity, from which the impregnated *ovum* is thought to have immediately proceeded.

From each lateral angle of the *uterus*, a little before and below the *fallopian* tubes, the round ligaments ariſe, which are compoſed of arteries, veins, lymphatics, nerves, and a fibrous ſtructure. Theſe are connected together by cellular membrane, and the whole is much enlarged during pregnancy. They receive their outward covering from the *peritonæum*, and paſs out of the *pelvis* through the ring of the external oblique muſcle to the groin, where the veſſels ſubdivide into ſmall branches, and terminate at the *mons veneris* and contiguous parts. From the inſertion of theſe ligaments into the groin, the reaſon appears why that part gene-

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rally ſuffers in all the diſeaſes and affections of the *uterus*; and why the inguinal glands are in women ſo often found in a morbid or enlarged ſtate. By the favour of Dr. *R. Hooper*, I ſaw two preparations in which the *fallopian* tubes terminated bluntly, and without any aperture, *fimbriæ*, or *ovaria*. All ſuch caſes muſt neceſſarily occaſion ſterility.

The duplicatures of the *peritonæum*, in which the *fallopian* tubes and *ovaria* are involved, are called the broad ligaments of the *uterus*. Theſe prevent the entanglement of the parts, and are conductors of the veſſels and nerves, as the meſentery is of thoſe of the inteſtines. Both the round and broad ligaments alter their poſition during pregnancy*; appearing to riſe lower and more forward than in the unimpregnated ſtate. Their uſe is ſuppoſed to be that of preventing the deſcent of the *uterus*, and to regulate its direction when it aſcends into the cavity of the *abdomen*, but whether they anſwer theſe purpoſes may be much doubted.

SECTION II.

THE diſeaſes of the internal parts of generation will be beſt underſtood if they are deſcribed in the order obſerved in the deſcription of the parts.

* Ovariorum eorumque ductuum ſitus mutatur, tempore geſtationis et puerperii.—*Ruyſch.* Theſ. ix. No. xv.

The diſeaſes of the *vagina* are, firſt, ſuch an abbreviation and contraction as render it unfit for the uſes for which it was deſigned; ſecondly, a coheſion of the ſides in conſequence of preceding ulceration; thirdly, cicatrices, after an ulceration of the parts; fourthly, excreſcences; fifthly, *fluor albus*.

This abbreviation and contraction of the *vagina*, which uſually accompany each other, are produced by original defective formation; and they are ſeldom diſcovered before the time of marriage, the conſummation of which they ſometimes prevent. The curative intentions are to relax the parts by the uſe of emollient applications, and to dilate them to their proper ſize by ſponge or other tents, or which are more effectual, by bougies gradually enlarged. But the circumſtances which attend this diſorder are ſometimes ſuch as might lead us to form an erroneous opinion of the diſeaſe. A caſe of this kind which was under my care, from the ſtrangury, from the heat of the parts, and the profuſe and inflammatory diſcharge, was ſuſpected to proceed from venereal infection; and with that opinion the patient had ſoon after her marriage been put upon a courſe of medicines compoſed of quickſilver for ſeveral weeks without relief. When ſhe applied to me, I prevailed upon her to ſubmit to an examination, and found the *vagina* rigid, ſo much contracted as not to exceed half an inch in diameter, and not more than one inch and a half in length.

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The repeated, though fruitleſs, attempts, which had been made to complete the act of coition, had occaſioned a conſiderable inflammation upon the parts, and all the ſuſpicious appearances before mentioned. To remove the inflammation, ſhe was bled, took ſome gentle purgative medicines, uſed an emollient fomentation, and afterwards ſome unctuous applications; ſhe was alſo adviſed to live ſeparate from her huſband for ſome time. The inflammation being gone, tents and bougies of various ſizes were introduced into the *vagina*, by which it was diſtended, though not very amply. She then returned to her huſband, and in a few months became pregnant. Her labour, though ſlow, was not attended with any extraordinary difficulty; ſhe was delivered of a full ſized child, and afterwards ſuffered no inconvenience.

Another kind of conſtriction of the external parts ſometimes occurs, and which ſeems to be a mere ſpaſm. This is to be removed in ſome caſes by ſuch applications as ſooth and allay irritation, and in others by ſuch means as diſtend them by reſiſting the ſpaſm, which is ſometimes ſo forcible as to require the uſe of bougies of a proper ſize for a long time, even in women who are married or have borne children. Perhaps this complaint may alſo be occaſioned by an eryſipelatoſe inflammation of, or defluxion of acrid humours on the parts, and will then require different modes of treatment.

SECTION III.

By the violence or long continuance of a labour, by the morbid ſtate of the conſtitution, by the negligent and improper uſe of inſtruments, or by injuries, an inflammation of the external parts, or *vagina*, is ſometimes produced in ſuch a degree as to endanger a mortification. By careful management this conſequence is uſually prevented; but in ſome caſes, when the conſtitution of the patient was prone to diſeaſe, the external parts have ſloughed away, and in others equal injury has been done to the *vagina*. But the effect of the inflammation is uſually confined to the internal or villous coat, which is ſometimes caſt off wholly or partially. An ulcerated ſurface being thus left, when the diſpoſition to heal has taken place, cicatrices have been formed of different kinds, according to the depth and extent of the ulceration; and there being no counteraction to the contractile ſtate of the parts, the dimenſions of the *vagina* become much reduced: or, if the ulceration ſhould not be healed, and the contractibility of the parts continue to operate, the ulcerated ſurfaces being brought together may cohere, and the canal of the *vagina* be perfectly cloſed. The inconveniences and ill conſequences of this complaint may in general be prevented, or very much leſſened, by proper attention at the time of healing; but

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in many of the cafes I have feen, the firft inflammation being neglected, and the floughing from the *vagina* overlooked, the cohefion had taken place long before it was fufpected. When a flough of confiderable fize has been caft off from the bladder and *vagina*, the cohefion of the parts, by which a kind of artificial bladder is made, is a far lefs evil than a conftant involuntary flowing of the urine.

SECTION IV.

CICATRICES in the *vagina* very feldom become an impediment to the connexion between the fexes; when they do, the fame kind of affiftance is required as was recommended in the natural contraction or abbreviation of the part, and I believe they always give way to the preffure of the head of the child in the time of labour, though in many cafes with great difficulty. Sometimes the appearances may mifiead the judgment; for I was lately called to a woman in labour, who was thought to have become pregnant, the *hymen* remaining unbroken. But on making very particular inquiry, I difcovered that this was her fecond labour, and that the part which, from its form and fituation, we fuppofed to be the *hymen*, with a fmall aperture, was a cicatrice, or unnatural contraction of the entrance into the *vagina*, confequent to an ulceration of the part after her former labour.

When the fides of the *vagina* cohere toge-

ther, it may be requiſite to ſeparate them with a knife; and when they are in a healing ſtate, their reunion may be prevented by tents or bougies, or by a leaden canula of a proper ſize, introduced into and worn in the *vagina*. But, if the coheſion have taken place far up in the *vagina*, the knife muſt be uſed with the utmoſt circumſpection, or irreparable injury may be done to the bladder, *rectum*, or the adjoining part, as they all are drawn cloſely together. A patient under theſe circumſtances, who applied to me for relief, and in whom the menſtruous blood was ſecreted, though it could not be diſcharged, was adviſed to defer any operation; as I preſumed the menſtruous blood, at ſome future time, would be collected in ſuch a quantity as either to ſeparate or protrude the cohering parts in ſuch a manner as to render the operation, if neceſſary, more ſecure, effectual, and eaſy. Accordingly when they were ſtretched and protruded by the retained *menſes*, the point moſt eligible for perforation was indicated, and the operation was performed eaſily and ſafely. But in ſome caſes of coheſion it has not been thought juſtifiable to attempt to ſeparate the united parts by inciſion, and the patient has been obliged to ſubmit to the injury for the remainder of her life, in preference to an involuntary and perpetual flowing of the urine, which every perſon who has ſeen will conſider as one of the greateſt evils to which any human being can be ſubject.

SECTION V.

FUNGOUS excreſcences ariſing from any part of the *vagina* or *uterus* have been diſtinguiſhed, though not very properly, by the general term, *polypus*. Theſe are of different forms and ſizes, and may ſprout from any part of the cavity of the uterus, and perpend in the *vagina*; or from the *os uteri*; or from the *vagina*. The texture of the excreſcences is alſo very different, being in ſome caſes fleſhy and firm, and in others truly fungous and almoſt as ſoft as coagulated blood. Some of them hang by a ſmall pedicle, and others have a broad baſis, eſpecially at their commencement. But ſuch ſubſtances not having been accurately deſcribed by anatomiſts, nor the accompanying ſymptoms marked by noſologiſts, thoſe who are not very guarded in their practice are often led into error, in their prognoſtic and treatment of theſe caſes.

The cauſe of *polypi* may be ſome accidental injury done to the part at the time of labour or otherwiſe; but more generally it is a ſpontaneous diſeaſe, proceeding from a certain diſpoſition of the conſtitution or of the part itſelf, as thoſe who have a *polypus* of the *uterus* for inſtance are apt to have excreſcences from other parts, and they frequently exiſt in thoſe who have never been pregnant, and even in virgins.

A *polypus* may exiſt for ſeveral years before it is perceptible by any examination, and during the

the whole time may occaſion many untoward ſymptoms. Sometimes it may be diſcovered within the *os uteri*, through which it is expelled by pains ſimilar to thoſe of labour, and when it has paſſed into the *vagina* it lies at reſt, yet it often happens that there is a *polypus* in the *vagina* which has paſſed through the *os uteri* without any pain whatever.

Thoſe which are of a ſmall ſize are not impediments either to conception or parturition; at leaſt if they ſpring from the *vagina* or *os uteri*. Sometimes tumours of a ſimilar kind are formed on the external ſurface of the *uterus*.

In the firſt ſtage, a *polypus* may be accompanied with all thoſe ſymptoms which proceed from uterine irritation; and in its progreſs and advanced ſtate with a mucous, ſanious, or ſanguineous diſcharge, increaſing in quantity, frequently changing its appearance, and irregular in the times of its continuance, according to the growth of the diſeaſe and the ſtate of the conſtitution. By theſe diſcharges, and often by the continual or frequently returning pain, the patient may at length be reduced to extreme weakneſs; and if relief be not given by the extirpation of the *polypus*, ſhe may periſh from mere loſs of ſtrength, or the production of other diſeaſes. But theſe ſymptoms being common to ſome other affections of the *uterus*, the cauſe of them is frequently overlooked.

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When therefore no advantage is obtained in ſuch caſes by the uſe of ſuitable and efficacious medicines, it ſhould be made a general rule to inquire whether there may not be a *polypus*, or what is the nature of the local diſeaſe.

The *polypus* may be removed by exciſion, or by ligature, but the latter is by far the preferable method, and the ligature is to be uſed in the ſame manner, and on the ſame principle as in the extirpation of naſal *polypi*. The kind of ligature I have generally uſed has been either one of the laces made of ſilk, uſed in the dreſs of women, or a piece of fine whipcord. Perhaps coloured ligatures when moiſt occaſion ſoreneſs of the parts. The difficulty of the operation lies in the proper application of the ligature, and this depends upon the diſtance of the part to be tied from the external orifice, and upon the ſize and thickneſs of the baſis or ſtem of the *polypus*, as well as the ſize of the *polypus* itſelf. If the circumſtances of the caſe will admit of delay, the operation will be rendered more eaſy by deferring it, as the tumour will deſcend lower, and the ſtem or pedicle become thinner and longer.

This is the manner of tying the *polypus*. Draw the ligature, doubled, through the canula or ligator commonly uſed for this purpoſe, and then conduct the bow of the ligature with the fingers, all round and over the bulk of the

polypus,

polypus, taking care that it does not hitch on one ſide when it is paſſed over the other, which it is apt to do if the *polypus* be large. The ligature being paſſed over the *polypus* and upon its ſtem, the canula is to be carried to the ſtem, and both the ends of the ligature carefully drawn through till it is tightened. We are then to examine with the finger, whether the ligature be fixed upon the moſt eligible part, which is uſually as high up as we can reach, and ſometimes beyond it; but there is not occaſion to fix it upon any preciſe part of the root of the ſtem, becauſe the part beyond the ligature decays and comes away with the reſt leaving the *uterus* clear. When the ligature is drawn to its proper degree of tightneſs, it muſt be fixed upon the croſs bars of the *canula*, which if too ſhort will preſs painfully on the external parts.

I have found it better to draw the ligature ſlowly to what may be called its bearing, than to tighten it haſtily, eſpecially at the time of fixing it, leſt the ſtem ſhould be cut through prematurely, if the ſubſtance were tender; and then there would be an awkward diſcharge for ſome time afterwards. I therefore very gradually tighten the ligature every day till it comes away, which cannot happen till the ſtem is ſeparated, which is uſually on the fourth or fifth day, earlier or later, according to the thickneſs or texture of the ſtem. In one caſe the

the ligature remained till the fifteenth day from the time of its being fixed. The firſt ſign of a ſucceſsful operation is the ſcent of ſomething putrefying. The ligature being ſet at liberty and taken away, there is ſeldom any difficulty in extracting the *polypus*, unleſs it were very large; but of this we ſhall afterwards ſpeak.

During the operation of the ligature we muſt carefully watch any tendency there may be to pain or inflammation in the *abdomen*, and if either of theſe ſhould come on in any material degree, we muſt obviate them and proceed more circumſpectly.

It has been mentioned as a general rule, that we ought not to paſs the ligature round a *polypus*, unleſs we can feel the ſtem; but in caſes of extreme danger this rule muſt be diſregarded, and when the *polypus* is very large, as in caſe the 5th, we cannot poſſibly feel the ſtem. We muſt alſo diſtinguiſh a *polypus* from an inverted *uterus*, for there is in ſome reſpects a reſemblance between the two complaints, and ſometimes they exiſt together even when the *polypus* is not large.

Should a *polypus* ariſe from the ſubſtance of the part, with a baſis as large or larger than the excreſcence, the ligature cannot be fixed, for it will either ſlide off, or take a partial hold. In ſuch caſes attempts to paſs the ligature produce no advantage, for in general ſuch tumours have a can-

a cancerous diſpoſition, but this deſerves conſideration. When the *polypus* has a ſmall pedicle, the caſe is commonly more favourable than where the pedicle is of a conſiderable thickneſs.

Before the ligature is paſſed, we ſhould be informed of the ſtate of the *uterus*, for if this be diſeaſed the patient will not profit by the extirpation of the *polypus*, and we may ultimately do no good, nor acquire any credit, though acting with the ſtricteſt propriety and greateſt ſkill in the operation.

The *polypus* has ſometimes terminated favourably without aſſiſtance, or with aſſiſtance of a different kind. After a long continuance of the diſeaſe, which may not have been ſuſpected, or perhaps miſtaken for ſome other, the tumour has preſſed through the *vagina* and external orifice, and the ſtem being too weak to ſuſtain its weight, or to afford nouriſhment, it has decayed and dropped away; or when the *polypus* has puſhed through the external orifice, a ligature has been fixed round the ſtem, and the *polypus* been eaſily and perfectly extirpated. But in ſuch caſes the *uterus* is more frequently inverted by delaying to remove the *polypus* at a proper time, and the patient is unneceſſarily expoſed to a continuance of ſuffering and an increaſe of danger.

As little has been ſaid on this ſubject by any writer in this country, I preſume it may be of

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nife to give a detail of a few cafes not common, efpecially as it will give me an opportunity of mentioning fome circumftances unnoticed in the foregoing defcription of the operation.

CASE I.

A SINGLE lady, twenty-two years of age, had for a conſiderable time been ſubject to frequent and profuſe returns of uterine hemorrhage, which reſiſted all the means that could be deviſed for her relief, and at length reduced her to a ſtate of great weakneſs. Dr. *Turton* (whoſe worth and continued friendſhip to me I am happy on every occaſion to acknowledge) was the phyſician who attended, and he, ſuſpecting ſome local diſeaſe, deſired I might be permitted to make inquiry. I diſcovered a *polypus*, not of a large ſize, lying low in the *vagina*. When I came to paſs the ligature, there was much embarraſſment from the ſtate of the parts, any injury to which I was ſolicitous to avoid. On the fifth day from the time of my paſſing the ligature it came away, but the *polypus* could not be extracted without much caution and trouble. There was no return of the hemorrhage, ſhe ſoon recovered her ſtrength, and in a few months was married. She has had ſeven fine children with eaſe and eaſy labours. This *polypus* weighed about four ounces.

CASE

CASE II.

ANOTHER young lady had long ſuffered from frequent uterine hemorrhages, together with moſt violent pains, recurring in the manner of thoſe of labour. High up in the *vagina*, juſt cleared through the *os uteri*, I diſcovered a ſmall *polypus*, round which a ligature was with difficulty paſſed. The late Mr. Hunter was with me at the time. When I began to tighten the ligature ſhe complained of very ſevere pain, and preſently vomited. The ligature was immediately ſlackened, but on every future attempt to draw it tighter, the ſame ſymptoms were inſtantly produced. After many trials I was obliged to deſiſt altogether, leaving the ligature looſe round the *polypus*, merely to keep up in the mind of the patient ſome faint hope of benefit. The health of this patient was very bad when I firſt ſaw her, and in about ſix weeks from the time of the operation, ſhe died.

Leave being given to open the body, the *uterus* was found inverted, and the ligature to have paſſed over the inverted part, which occaſioned all the ſymptoms before-mentioned. This *polypus* could not have weighed more than one ounce, and had a very ſhort, if it could be ſaid to have any ſtem; ſo that the *uterus* could not in this caſe have been inverted mechanically, but

but by its own vehement action excited to expel the *polypus*, which, like any other extraneous and offending body, was a perpetual cause of irritation.

CASE III.

Many years ago I visited a lady, who had for a long time suffered greatly from various uterine complaints, and was supposed to have a cancer in the *uterus*, of which her general aspect gave very strong indications, but on examination I found a large *polypus* in the *vagina*. The late Dr. *Ford*, than whom no one was more intelligent or expert in practice, was in consultation with me. I passed the ligature and drew it tight, confidently expecting a happy termination of the case. The stem of the *polypus* was very thick, and it required eight or nine days action of the ligature to divide it. When I had removed the *polypus*, I was very much mortified to find a new substance, nearly of the size of that which had been taken away, in the *vagina*. Her health being very infirm, it was thought advisable for her to go to a short distance in the country, for the chance of reestablishing her health, before another operation. But a colliquative diarrhœa with aphthæ came on, she gradually declined, and about the end of the month died.

Of this repullulation, if it were such, I have

never ſeen any other inſtance, and it might be attributed, 1. to the thickneſs of the ſtem; or, 2. to the ſlow decay of the ſtem; or, 3. to a cancerous diſpoſition of the *uterus*; or, 4. to a large portion of the *polypus* remaining in the *uterus*, beſides what was diſcoverable in the *vagina*. If a caſe ſimilar to this were again to occur to me, I ſhould certainly act more ſpeedily with the ligature, and however reduced the patient might be, ſhould feel juſtified in paſſing the ligature on the ſecond excreſcence, as affording the only chance of ſaving the patient.

CASE IV.

A LADY about ſixty years of age, who had had ſeveral children, had, with violent pain, frequent hemorrhages from the *uterus*, ſo profuſe as to bring her at each time of their return into the greateſt danger. When ſhe permitted me to take an examination, there was no *polypus* in the *vagina*, but the *uterus* was much diſtended, and the *os uteri* being opened nearly to one third of its circumference, I could diſcover within, and preſſing upon it, a tumour of apparently a very large ſize. In the courſe of a few weeks an immenſely large *polypus* dropped in the *vagina*. Her health was much reduced, and the extirpation of the *polypus* appearing the only chance of ſaving her, I made many and ſtrenuous attempts to paſs the ligature.

ture, but without ſucceſs. I then procured a longer and different inſtrument, like that uſed in tying the tonſils, but with this I was alſo foiled. In my endeavours to paſs this inſtrument round the *polypus*, the ſurface was abraded, a blood veſſel of a conſiderable ſize was wounded, and there was a loſs of blood, which rendered the patient ſtill more weak. After a few days, without any inſtrument, I gradually introduced my hand into the *vagina*, got the ligature over the *polypus*, and then tightened it. Dr. *Orme* and Mr. *Croft* were with me at the time. But many complaints came on, and ſhe died in a few days before the *polypus* could be extirpated.

The blood veſſels which convey nouriſhment to a *polypus*, probably bear a relation to its ſize, and muſt, of courſe, be ſometimes very large; ſo that in paſſing the ligature, it behoves us to be very careful that we do not wound the *polypus*; and, perhaps, in every caſe when the *polypus* is large, it would be better, if poſſible, to introduce the hand, for the conveyance of the ligature, than to uſe any inſtrument. Much will alſo depend on the texture of the *polypus*, which is ſometimes ſo ſlight as to reſemble an injected and corroded liver or kidney. I remember a caſe in which, though I only took a common examination, and with the uſual caution, ſo violent a hemorrhage was occaſioned,

that I thought the patient would have died inſtantly.

The three preceding caſes are the only ones among a very great number, in which I have not been ſucceſsful; and I have judged it right to ſtate them thus circumſtantially, to ſet others upon their guard, and to prepare them for the poſſibility of diſappointment.

In the muſeum of the late Dr. *Hunter*, there is a large *polypus*, and by the regiſter it appears that, after many attempts to paſs the ligature, without ſucceſs, this patient died. Perhaps by a knowledge of the cauſes of the miſcarriage of others (as in caſe 4 juſt recited), ſubſequent trials, even in *polypi* which are of the largeſt ſize, may be more fortunate. I have very great pleaſure in relating the following caſe, which was lately under my care.

CASE V.

A FOREIGN lady who was born, and had lived the greateſt part of her time, in a hot climate, applied to me. She had had every day for more than three years, a very conſiderable diſcharge of blood from the *uterus*, together with others of a different kind and complexion, by which her ſtrength was much reduced. She had been attended by different gentlemen, who had not given any decided opinion of the nature

ture of her diſeaſe. When I firſt examined her, I was indeed very much ſurpriſed, for not only the whole *vagina* was filled up with a fleſhy ſubſtance, but the *os uteri* was as completely dilated as when the head of a child is paſſing through it, and the cavity of the *uterus* was filled with the ſame ſubſtance. I at firſt heſitated whether I ſhould make an attempt to paſs the ligature, as I could not reach the ſtem of the ſubſtance, but after deliberating upon the ſtate of the patient, who muſt ſoon periſh, unleſs relief could be given, and knowing that if the ligature could be paſſed I ſhould have the power either of proceeding, or of ſtopping on the appearance of any untoward ſymptom, I determined to make a trial. The firſt and ſecond attempts to paſs the ligature were fruitleſs, but I at length conveyed the ligature beyond the bulk of the tumour and far beyond my reach, by means of a piece of thin cane, notched at the end. The ligature being daily drawn gradually tighter, was at liberty on the ſixth day. The external parts were unuſually contracted, and as any endeavours to bring away the *polypus* at that time muſt have failed, it was left in the *vagina* to ſoften and decay. On the ninth day ſhe had pains as regular as thoſe of labour, and when the *os externum* became ſomewhat dilated, I laid hold of a portion of the tumour, firſt with my fingers, and then with a ſmall ſharp pointed hook, favouring the expul-

ſion of it as well as I could, during the pains by which it was propelled with conſiderable force. After a labour of four hours continuance the *polypus* was excluded. From that time to the end of five weeks there was no diſcharge of any kind, then ſhe menſtruated regularly, and returned home in perfect health.

This *polypus*, which was the largeſt I ever ſaw, was put into the hands of Dr. *Baillie*, who ſaw the patient during the operation. It weighed two pounds and three ounces, ſo that allowing for its decay, perhaps it could not originally have weighed leſs than three pounds. But the ſymptoms do not depend upon the large or ſmall ſize of the *polypus*.

When *polypi* are too large to be extracted without much difficulty after their ſeparation, no harm can ariſe from their remaining ſome days in the *vagina*, as I have found in ſeveral inſtances, and their bulk is hourly leſſening by decay.

In the muſeum of the late Dr. *Hunter*, there is preſerved a *polypus*, which from its ſize appears to have inverted the *uterus*, and the ligature when paſſed over it, being out of reach, was found to have been fixed upon the inverted part of the *uterus*, ſo that when drawn tight it had produced the ſame ſymptoms as thoſe deſcribed in caſe 2. It is remarkable that this woman lived till the inverted portion of the *uterus* was more than half cut through by the ligature,

ligature, and I am of opinion with very ſlow proceeding ſhe might have ſurvived the operation. For in a caſe in which I was concerned with Mr. *Heaviſide* and other gentlemen, the ligature being paſſed round a cauliflower excreſcence, as it is called, of the *os uteri*, a portion of the *os uteri* itſelf was included and came away with the excreſcence, and the patient lived ſeveral months after the operation. But the ſame cauſes and degrees of irritation differ ſo widely in their effects in different conſtitutions, the event of ſuch caſes muſt be both hazardous and doubtful.

The late Dr. *Hamilton* of *Glaſgow* obliged me with a drawing of a *polypus* which weighed one pound and four ounces, and had dropped through the *os externum*, inverting and dragging along with it the *fundus* of the *uterus*. The patient died. Had the nature of this complaint been underſtood in due time, it would in all likelihood have been poſſible to have tied and extirpated it, before it had occaſioned ſo much miſchief. It is an example, among many others, of the impropriety of waiting till the *polypus* is excluded through the *os externum* before we attempt to tie it, an opinion which ſome have entertained.

A very great part of thoſe on whom I have performed this operation have been foreigners, or perſons who have lived in hot climates; but it remains to be proved whether women in ſuch

climates are more ſubject to the *polypus* than thoſe who live in cold ones, or whether this has been an accidental circumſtance.

I have ſeen ſeveral caſes of excreſcences, not above the thickneſs of a large earth-worm, ſpringing from the cavity of the *uterus* or *os uteri*, and growing to a great length. Theſe were eaſily tied and removed. In one caſe the *cervix* of the *uterus* was ſo much elongated as to drop through the external parts, aſſuming the appearance of a thickened membrane, but with this it was not thought prudent to interfere.

In the courſe of the year 1801 I met with two ſingular caſes. The firſt was a *polypus* ſo large that I could not reach the ſtem, but having paſſed the ligature, very violent pain in the *abdomen* came on, which obliged me to ſlacken the ligature, to uſe fomentations, and to give opiates. When the patient became eaſier I gradually tightened the ligature again, and on the eighth day the *polypus* came away. But this patient's general health was very much affected. She went into the country, and died in about three months, having before her death a profuſe diſcharge of purulent matter from the *vagina*. Probably the *uterus* was diſeaſed, or ſome other part was affected.—In the ſecond caſe there was a *polypus* or excreſcence, not of a large ſize, but with a very thick ſtem, and when I paſſed my finger to the extremity of it, within the *os uteri*, I found as it were the bottom

of

of the cavity of the *uterus*, with a conſiderable enlargement and induration of the body of the *uterus*. Theſe caſes I conſider as of very uncertain event, however dexterouſly the ligature may be applied, they are often accompanied with certain proofs of the exiſtence of cancer. Yet it may be juſtifiable in ſome of them to try the conſequences of a removal. Perhaps caſe 3 was of this kind.

I lately ſaw another patient whoſe ſituation was very much like that deſcribed p. 104, l. 8—12; but in this caſe the elongated *os uteri* was alſo enlarged, and had aſſumed the form of a *polypus*, occaſionally hanging without the *os externum*. The ſymptoms in this patient (who had never been pregnant) were ſuch as are common in every caſe of great uterine irritation. I propoſed her wearing a flat peſſary, and ſupporting her general ſtrength; and if by the diſcharge and other circumſtances, there ſhould be any tokens of imminent danger, I thought it would be right to take the chance of doing ſome good and prolonging her life, by paſſing a ligature round the ſmall part of the excreſcence, near the proper *os uteri*; ſhe died in the courſe of a few months in conſequence of repeated hemorrhages; no attempt being made to paſs a ligature round the part.

I am ſorry to have known reaſons for concluding this account with the following obſervation. When a *polypus* is diſcovered to

exiſt, it does not ſeem right to proceed to the operation immediately, but to requeſt a conſultation; to prove the nature of the diſeaſe and the neceſſity of the operation, that the honour of the profeſſion, and of the perſon employed, may be preſerved inviolate.

SECTION VI.

A mucous, ichorous, or ſanious diſcharge from the *vagina* or *uterus*, is called the *fluor albus* *. Theſe diſcharges are various in their degrees as in their kinds, from a ſimple increaſe of the natural *mucus* of the part, to that which is purulent or of the moſt acrimonious quality; but the firſt is not eſteemed a diſeaſe, unleſs it be exceſſive in its degree. It is the moſt frequent complaint to which women are liable, and is by them ſuſpected to be the cauſe of every diſeaſe which they may at the ſame time ſuffer; but it is generally a ſymptom of ſome local diſeaſe, or a conſequence of great debility of the conſtitution, though, when profuſe, it becomes a cauſe of yet greater weakneſs. In many caſes the *fluor albus* is an indication of a diſpoſition to diſeaſe in the *uterus*, or parts connected with it, eſpecially when it is copious in quantity, of-

* *Leucorrhœa.* Nimia muci aut ichoris ex vulva profuſio.—*Vogel.* cxix.

Cachexia uterina, ſive fluor albus.—*Hoffman.*

ſenſive

ſenſive in ſmell, or acrimonious in quality, about the time of the final ceſſation of the *menſes*: and before the uſe of ſuch means as are merely calculated for the removal of the diſcharge, we muſt firſt endeavour to reſtore the *uterus* to a healthy ſtate.

The ſymptoms attending the *fluor albus*, whether it be an original diſeaſe, or a ſymptom of other diſeaſes, are very ſimilar. The complexion is of a pale, yellowiſh colour, the appetite is depraved, there is invariably a pain and ſenſe of weakneſs in the back and loins, the patient has uſually a feveriſh diſpoſition, with a waſting of the fleſh and reduction of the ſtrength, and ultimately becomes hectic or leucophlegmatic.

The method of relieving or curing the *fluor albus* muſt depend upon its cauſe, and whether the diſcharge proceeds from the *uterus* or *vagina*. When it is occaſioned by general weakneſs of the conſtitution, any of thoſe medicines which are claſſed under the general term of corroborants or tonics, as bark and preparations of iron, and eſpecially the *zincum vitriolatum* to the quantity of one grain, or more, two or three times a day, may be given, under a variety of forms, with great advantage. But their effect upon the diſcharge is not immediate; and, previouſly to their uſe, it will be proper and neceſſary that the patient ſhould take ſome mild purgatives, and in all caſes where

there

there is any feverifh difpofition, that is to be removed before the ufe of any kind of tonic medicine. Balfamic and agglutinating medicines of every kind, as the extract of bark with gum *olibanum*, *maftic*, or *elemi*, and all the clafs of terebinthinate balfams, of which the beft for internal ufe is that called the balfam of *Gilead*, are alfo frequently preferibed, and fometimes with much benefit. In fome obftinate cafes, preparations of quickfilver, efpecially *calomel* in very fmall dofes, have been given with advantage, when there was no fufpicion of any venereal infection. Gentle emetics have alfo been recommended in fome cafes of long continuance, and they are fuppofed to be of fingular ufe, not only by cleanfing the *primæ viæ*, or by making a revulfion of the humours from the inferior parts, but by exciting all the powers of the conftitution to more vigorous action. Cold bathing, partial or general, particularly in the fea, has often been of eminent fervice. In this, and all fimilar complaints, good air, moderate exercife, nourifhing, but very plain and fimple diet, and a quiet regular manner of living, will of courfe be adviſed.

When there is reafon to think that the complaint is local, and arifes from the relaxation of thofe orifices by which a neceffary *mucus* is difcharged on particular occafions; or if the difcharge fhould continue after an amendment of the conftitution, injections of various kinds

may

may be uſed daily. But the ſafeſt and beſt are thoſe which are compoſed from aſtringent vegetables, as a ſtrong infuſion of green tea, or the leaves of the red roſe; proceeding cautiouſly to weak ſolutions of *ceruſſa acetata*, *zincum vitriolatum*, or *alum*, as is the practice in long continued defluxions upon the eyes. Though theſe applications cannot well be expected to produce an abſolute cure, they ſeldom fail to afford temporary benefit, which is a great comfort to the patient, and if cautiouſly and judiciouſly directed, they may be continued or repeated without hazard.

SECTION VII.

THE *uterus* is liable to many diſeaſes, and, being a part with which the whole body is readily drawn into conſent, there is ſcarce a diſeaſe under which women have at any time laboured, but what has been attributed to its influence: yet it is not proved, that there is any eſſential difference in thoſe diſeaſes of women to which men are equally ſubject, though there is ſome variety in the ſymptoms. We ſhall confine our attention to the moſt obvious diſeaſes of the *uterus*, and begin with the *prolapſus* or *procidentia*, which very frequently occurs.

By the *prolapſus* is meant a ſubſidence or deſcent of the *uterus* into the *vagina*, lower than

than its natural ſituation, and it is termed a *procidentia* when the *uterus* is puſhed through the external orifice of the *pudenda**. This ſometimes happens to ſuch a degree as to put on the appearance of an oval tumour growing from the external parts, depending very low between the thighs, cauſing great pain and uneaſineſs, and rendering the patient unable to perform the common offices of life. A moderate ſhare of circumſpection, eſpecially with regard to the ſtate of the *os uteri*, will enable us to diſtinguiſh the *procidentia* of the *uterus* from its inverſion, and from all reſembling diſeaſes.

There are many cauſes of the *prolapſus* or *procidentia* of the *uterus*; as long ſtanding during the time of pregnancy, carrying heavy burdens, an extreme degree of coſtiveneſs, and all ſudden and violent exertions of the body; whence they moſt frequently happen to women in the lower ranks of life. They may be unavoidably occaſioned by the circumſtances of a labour, as the deſcent of the *os uteri* into the *pelvis*, before it is dilated; by the prepoſterous efforts of the woman in an erect poſition; by the rude and haſty extraction of the *placenta*, and by riſing too early after delivery. Nor are oviparous animals free from theſe accidents from a difficult exclusion of the eggs. They may alſo be produced by mere relaxation of the parts, after a long-continued *fluor albus*, as unmarried women

* *Hyſterocele.* Uteri vel vaginæ procidentia.—*Sauvag.* xlix.

are

are ſometimes ſubject to them, though leſs frequently than thoſe who have had children. By a knowledge of the cauſes of theſe complaints, we are led to their prevention and cure; and it is worthy of obſervation, that, when a *prolapſus* or *procidentia* has been occaſioned by the circumſtances of one labour, they may generally be relieved, or ſometimes perfectly cured, by care and long confinement of the patient in a horizontal poſition after the next. When women who have a *prolapſus* are pregnant, the inconveniencies are increaſed in the early part of pregnancy, becauſe the *uterus* being then more weighty and enlarged, ſinks lower than uſual into the *vagina*; but in the latter part, they are leſſened, as it is then ſupported above the brim of the *pelvis*. Yet, when the *pelvis* is very capacious and the parts much relaxed, the lower part of the *uterus*, including the head of the child, has in ſome caſes been puſhed through the external orifice, before the *os uteri* was dilated, even in the time of labour.

The *procidentia* is not, properly ſpeaking, a diſeaſe of the *uterus*, but a change of its poſition, cauſed by the relaxation or weakneſs of thoſe parts to which it is connected, and by which it ſhould be ſupported. It accordingly moſt commonly happens, that the firſt tendency to it is diſcovered by the protruſion or fulneſs of the anterior part of the *vagina*, and ſometimes alſo the poſterior part of the *vagina* firſt becomes tumid, forming a kind of pouch by

the

the partial diſtention of the *rectum*; and this happens in ſome caſes where there is no deſcent of the *uterus*. Before there is any actual change in the ſtate of the parts, the patient has uſually on ſlight exertions a ſtrong ſenſation of their deſcent, but in the principal degrees of the *procidentia*, the poſition of the *uterus* and *vagina* is not only very much altered, but that of the bladder and contiguous parts*.

The intentions in the cure of the *procidentia* or *prolapſus* are, to reſtore the *uterus* to its proper ſituation, and to retain or ſupport it when replaced.

The reduction of the parts to their ſituation is not uſually attended with much difficulty, even in the worſt degrees of this complaint. In ſome caſes, however, it is neceſſary, by bleeding, confinement in bed, gently-purgative medicines, and emollient fomentations, to leſſen the inflammation and tumefaction, or to heal the ulceration of the parts if any exiſt; and when the *procidentia* or *prolapſus* occurs ſoon after delivery, very gentle means can only be uſed with propriety, as the parts are often in too irritable and tender a ſtate to bear any other without miſchief. When the parts are replaced it will ſometimes be proper to uſe local aſtringent and aromatic applications, in the form of

* Maximam veſicæ partem ſecum trahit.—*Ruyſch. Advers. Dec.* 1. 6.—See Medical Obſervations and Inquiries, vol. iii. caſe 1. By Dr. *Thomas White* of *Mancheſter*.

a lotion

a lotion or fomentation applied externally, or conducted into the *vagina* by means of a ſyringe or ſponge. But theſe will not often fully anſwer our intention, and we ſhall be obliged to have recourſe to peſſaries, of which many have been contrived of various forms and ſubſtances.

The intention in the uſe of peſſaries is to ſupport the *uterus* in its ſituation, without injuring it, or the adjoining parts; but certainly many of the kinds now in common uſe are ill calculated for one or both of theſe purpoſes, as they can neither be introduced nor worn without inconvenience, and often fail to anſwer our intention. Previouſly to theſe I have commonly recommended a piece of ſponge of a ſuitable ſize moiſtened with red wine, to be tried; or a ſmall ball of the elaſtic gum moderately diſtended with cotton; and if theſe fail to anſwer the intention, a peſſary of a firmer kind muſt be introduced. Peſſaries are generally made of box or ebony wood, or of cork covered with wax. By ſome the circular form is preferred; by others the oval; whilſt others are perſuaded that globular ones are the moſt effectual*; and if theſe are made very thin, they are certainly eaſy to wear, and completely relieve the complaint; but they cannot be uſed by women who live with their huſbands.

* For the firſt account of the globular peſſary, which was invented by Dr. *Sandys*, ſee London Medical Journal, vol. vii. 1786.

Much dexterity and judgment alſo are required in the introduction of peſſaries of any kind, for, if they are too ſmall, they will not remain in the *vagina*; and, if too large, they will inflame and ulcerate the parts, mechanically cauſing the ſtrangury, obſtinate coſtiveneſs, and many other painful ſymptoms. The ſize of thoſe firſt uſed ſhould be ſufficiently large, and they may be gradually diminiſhed, till they are no longer neceſſary. When a peſſary has been introduced, it is requiſite that the patient ſhould for ſome time be kept quiet and in a horizontal poſition, by which the preſent inconveniencies will be leſſened, and the good we expect to be derived from it will be increaſed; yet, there is no doubt but that we are often diſappointed in our expectations of the advantage to be gained by the uſe of peſſaries, from impatience or the want of attention in their application. Peſſaries, when introduced, are chiefly ſupported by the *perinæum*, but if this ſhould have been lacerated, the common ones cannot be uſed. A ſort has for ſuch caſes been contrived with ſtems, to which ligatures are to be fixed, and then brought forwards and backwards to a bandage paſſed round the waiſt. Theſe are always very troubleſome, and are therefore not recommended, unleſs thoſe of another kind have failed to anſwer, but I have never met with a caſe in which the globular

peſſary

peſſary could not be eaſily introduced and conveniently worn*.

Peſſaries once fairly introduced may often be worn for many years without any, or very little inconvenience. But ſometimes from the long continuance of a common one, or from the entanglement and ſtrangulation of the *os uteri* within the opening at the centre (which ought always to be very ſmall) there has been much difficulty in withdrawing it when neceſſary. In the latter caſe the ſtrangulated *os uteri* muſt be preſſed firmly and for ſome time between the finger and thumb till the ſize is reduced, when it may be extricated. But if it be poſſible to paſs a piece of tape through the circular opening, and if we pull in a proper direction by both ends of it, with a firm and gradually increaſed force, ſo as to give the parts time to diſtend, we can hardly fail of ſucceſs. Should that not be poſſible, the rim of the peſſary muſt be broken, or divided by a pair of ſharp ſtrong *forceps*, of the kind uſed by watchmakers †. The globular peſſary may at any time be extracted with a ſmall *vectis*. But peſſaries when once introduced may generally be ſuffered to remain for a long time without any hazard or inconvenience, and I think I once

* The ſtem peſſary has been very much improved by *Edye*, the truſs maker in Dean Street, Soho.

† See Chapman's Treatiſe on Midwifery, chap. lxviii.

extracted one which had never been removed for fourteen years.

It has been obſerved, that the uſe of peſſaries, except the globular ones, does not hinder the act of coition, or conception; and when a woman has a *procidentia* or *prolapſus* it is of great ſervice that ſhe ſhould live with her huſband *.

An opinion was formerly entertained, that a *procidentia* of the *uterus* was beneficial in ſeveral other complaints to which women are liable, and that it was not proper to replace it; but I have never ſeen any reaſon for this opinion, though the repoſition of the parts ſometimes occaſions a temporary uneaſineſs †. In ſome caſes it is alſo ſaid, that the *uterus*, the ſurface of which is frequently ulcerated, could not be returned, from its long continuance, or from the increaſed bulk of the neighbouring parts ‡; but I preſume that all ſuch caſes might have been managed by perſevering in the uſe of gentle evacuations, proper applications, and long confinement in a horizontal poſition; and a peſſary is not to be introduced till the *uterus* is healed, as well as reduced in its ſize.

* Peſſaires n'empêchent pas le femme d'uſer du coit, ni de devenir groſſe.—*Mauriceau*, vol. i. l. 3. c. 6.

† Contigit uteri prolapſus; quem ego affectum ſalutarem illi fore prædixi.—*Harv. Exercit. de Partu.*

‡ Reſtitui non ſemper debet, nec poteſt.—*Regn. de Morb. Mulier.* ix. *Anat.* 9.

SECTION

SECTION VIII.

HYDATIDS *, or ſmall veſicles, hung together in cluſters, from one common ſtem, and containing a watery fluid, are ſometimes formed in the cavity of the *uterus*. Theſe have been ſuppoſed to proceed from *coagula* of blood, or portions of the *placenta*, remaining in the *uterus*; and the opinion is generally true; but there is ſometimes reaſon for thinking, that they are an original production of the *uterus*, independent of ſuch accidental circumſtances, and ſometimes the precurſors of organic diſeaſe in that part †.

The ſymptoms of this diſeaſe are ſuch as are common in all caſes accompanied with an increaſed degree of uterine irritation; and as there is alſo a ſuppreſſion of the menſes with a conſiderable diſtention of the *abdomen*, from the enlargement of the *uterus*, for the hydatids are often excluded in an amazing large quantity, it is not ſurpriſing that theſe caſes ſhould be

* *Hydatis.* Veſicula cuticularis humore aqueo plena.—*Cullen.* cxxi.

† Hæc retentæ moles placentæ, penitus amittens genuinam ſuam indolem, quia eſt merus vaſorum ſanguiferorum contextus, integro ſuo corpore mutatur in congeriem hydatidum. —*Ruyſch. Adv. Anat. Dec.* 2. See alſo Dr. Baillie's Morbid Anatomy.

frequently miſtaken for pregnancy. In the early part of the diſeaſe, the ſymptoms are like thoſe which attend a diſpoſition to an abortion, and though troubleſome, are not alarming; but at ſome certain time before, or about the termination of nine months, the *uterus* makes its efforts to expel them, and the attending circumſtances are ſimilar to thoſe of labour. If the hydatids ſhould be expelled without the occurrence of any dangerous ſymptom, there is no occaſion for our aſſiſtance or interference. But if a hemorrhage of any importance, ſhould attend, or if the action of the *uterus* ſhould be inſufficient for their expulſion, it behoveth us to make gentle attempts to extract them, that the *uterus* may be at liberty to contract, and the orifices of the veſſels be thereby leſſened. We muſt, however, act with great caution; for, by haſty and rude proceeding, we ſhould incur the danger of greater miſchief than we mean to avoid, ſo that without ſome particular reaſon for giving aſſiſtance, it is commonly better to leave them to be excluded by the action of the *uterus*.

SECTION IX.

THERE are upon record many hiſtories of the dropſy of the *uterus*, which is deſcribed as a collection of water or thin gelatinous fluid

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in its cavity, the *os uteri* being ſo perfectly cloſed as to prevent its eſcape*. It is ſuppoſed to be occaſioned by an increaſed ſecretion, and a diminiſhed abſorption of lymph, as in collections of water in other cavities. The ſymptoms of this dropſy are the ſame as thoſe which occur in the caſe of hydatids, and when the action of the *uterus* comes on, the patient is uſually imagined to be in labour; but after a ſudden diſcharge of water, the *abdomen* ſubſides, and though chagrined at her diſappointment, ſhe recovers her former health.

The common explanation of the manner in which the water is confined in the *uterus* ſeems unſatisfactory, and in the few caſes of this kind which I have ſeen, is not juſt. For in theſe, the water being diſcharged, a membranous bag was afterwards voided, though not immediately, which when inflated put on the form of the diſtended *uterus* of which it appeared to be a lining; ſo that what has been called a dropſy of the *uterus* is probably no more than one large hydatid.

Another kind of dropſy has been mentioned as appertaining to the *uterus*. In this the water, originally contained in the cavity of the *abdomen*, has been abſorbed by the termination of the *fallopian* tubes and conveyed to the *uterus*, from which it was diſcharged; but of this

* Aſcites Uterinus.—*Sauvag.* Hydrometra.—*Cullen.*

kind of operation or proceſs I have never known any ſatisfactory proof. Yet I muſt confeſs, I have ſeen ſome caſes of water collected and repeatedly diſcharged from the *uterus* in the ſtate of childbed, which I was unable to explain on any other principle.

SECTION X.

It has been ſaid, that wind may be collected and retained in the cavity of the *uterus* till it is diſtended in ſuch a manner as to reſemble pregnancy, and to produce its uſual ſymptoms; and that by a ſudden eruption of the wind, the tumefaction of the *abdomen* has been removed, and the patient immediately reduced to her proper ſize. Of this complaint I have never ſeen an example; but many caſes have occurred to me of temporary exploſions of wind from the *uterus* *, which there was no power of reſtraining. When no injury has been done to the parts in former labours, I preſume that this complaint happens to women with feeble conſtitutions, and ſome particular debility of the *uterus*; it is reaſonable, therefore, to expect advantage from ſuch means as ſtrengthen the habit in general, or give energy

* Phyſometra. Tympanites uteri.—*Cullen.* lxx.
Oedopſophia. Flatuum per urethram, vaginam, vel uterum, emiſſio.—*Sauvag.*

to

to the *uterus* itſelf, of which the beſt means ſeem to be the injection of the *Bath* water, or ſome compoſition of a ſimilar kind, together with the uſe of tonic medicines internally. It is however right for me to acknowledge, that I have not been able in many caſes to render much ſervice to patients labouring under this complaint, by any means I could deviſe; but as it has not prevented conception, or produced any injurious effects at the time of parturition, it has given me no uneaſineſs, and after a certain time it has either ſubſided ſpontaneouſly, or ceaſed to draw attention.

SECTION XI.

By the term mole* authors have intended to deſcribe very different productions of, or excretions from, the *uterus*. By ſome it has been uſed to ſignify every kind of fleſhy ſubſtance, particularly thoſe which are properly called *polypi*; by others, thoſe only which are the conſequence of imperfect conception, when the *ovum* is in a morbid or decayed ſtate; and by many, which is the moſt popular opinion, every *coagulum* of blood, which continues long enough in the *uterus* to aſſume its form, and to retain only the fibrous part, as it is properly called, remaining, is denominated a mole.

* *Mola*. Maſſa carnea, vaſculoſa, ex utero excreta. Ovum deforme.—*Vogel*. cccIx.

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There is ſurely much impropriety in including under one general name appearances ſo contrary, and ſubſtances ſo different. Of the *polypus* we have already ſpoken. Of the ſecond kind, which has been defined as an *ovum deforme*, as it is the conſequence of conception, it might more juſtly be arranged under the claſs of monſters; for though it has the appearance of a ſhapeleſs maſs of fleſh, if examined carefully with the knife, various parts of a child may be diſcovered, lying together, in apparent confuſion, but in actual regularity. The pedicle alſo, by which it is connected to the *uterus*, is not of a fleſhy texture, like that of the *polypus*, but has a regular ſeries of veſſels like the umbilical cord, and there is likewiſe a placenta and membranes containing water. The ſymptoms attending the formation, growth, and expulſion, of this apparently contuſed maſs from the *uterus*, correſpond with thoſe of a well-formed child. By the favour of Dr. *Bland*, I many years ago ſaw a very curious inſtance of this kind.

With reſpect to the third opinion of a mole, an inciſion into its ſubſtance will diſcover its true nature; for, though the external ſurface appears at the firſt view to be organized fleſh, the internal part is compoſed merely of coagulated blood*. As ſubſtances of this kind, which

* Excretiones uterinæ, ſanguineæ, ſæpe imponunt pluribus. — *Ruyſch.*

moſt

moſt commonly occur after delivery, would always be expelled by the action of the *uterus*, there ſeems to be no reaſon for a particular inquiry, if popular opinion had not annexed the idea of miſchief to them, and attributed their formation, or continuance in the *uterus*, to the negligence or miſconduct of the practitioner. Hence the perſuaſion aroſe of the neceſſity of extracting all the *coagula* of blood out of the *uterus*, immediately after the expulſion of the *placenta*, or of giving medicines to force them away; but abundant experience hath proved, that the retention of ſuch *coagula* is not, under any circumſtances, productive of any dangerous miſchief; and that they are moſt ſafely expelled by the action of the *uterus*, though at very different periods of time after their formation.

SECTION XII.

THE *ovaria* are the ſeat of a particular kind of dropſy, which moſt commonly happens to women about the time of the final ceſſation of the *menſes*, though not unfrequently at a more early period of life. It is of the encyſted kind, the fluid being ſometimes limpid and thin, and at others diſcoloured and gelatinous. In ſome caſes it has been found to be contained in one cyſt, often in ſeveral; and in others the whole tume-

tumefaction has been compoſed of hydatids not larger than grapes. Of theſe different kinds we may often be able to form a judgment by the evidence or obſcurity of the fluctuation, and by the inequalities of the *abdomen*, eſpecially in its early ſtage. I have however ſeen many caſes of a beginning dropſy of the *ovarium*, which, from the firmneſs of the tumour, had been conſidered as fleſhy ſubſtances.

From the veſicular ſtructure of the *ovaria* there may be in them ſome inherent diſpoſition to this diſeaſe, or they may at firſt be affected like any other gland in the body, as it often happens to women, married or ſingle, with ſtrumous conſtitutions. But this kind of dropſy has uſually been attributed to other cauſes; as accidents or rude treatment at the time of parturition, ſuppreſſion of the *menſes*, obſtructions of the *viſcera*, or caſual injuries of the part. The ſymptoms attending it are pain in the lower part of the *abdomen*, with a circumſcribed tumour on one or both ſides, gradually extending higher up, and acroſs the *abdomen*, which, when there is a ſuppreſſion of the *menſes*, is often miſtaken for pregnancy; there is alſo, in ſome caſes, a ſwelling of the thigh or leg of the ſame ſide with the diſeaſed *ovarium*. In the early ſtate of the diſeaſe, this dropſy may be diſtinguiſhed from the *aſcites*, for which it has been often miſtaken, by the circumſcription and poſition of the tumour; but

but when it is increaſed to a large ſize, unleſs it be of an irregular form, and we are acquainted with the early ſymptoms, the diſtinction is very difficult, or ſometimes impoſſible. It is to be obſerved, that the ſecretion of urine is but little, if in any degree diminiſhed, and the conſtitution apparently not affected in the beginning of the dropſy of the *ovaria*; and that, even after a long continuance of it, the principal inconveniences ſeem to ariſe from the preſſure it makes, from the unwieldineſs of the patient, and from apprehenſion of future miſchief. It is alſo very remarkable, that this diſeaſe in many caſes proceeds ſo very ſlowly, that twelve or fourteen years, and often a much longer time, may paſs from its commencement to its greateſt enlargement, though in others it makes a very quick progreſs; and that if one *ovarium* only be affected, the patient may nevertheleſs conceive and bring forth healthy children.

In the beginning of this dropſy, when the increaſing *ovarium* is firſt perceptible through the integuments of the *abdomen*, and ſometimes in its progreſs, there is often ſo much pain, as to require repeated local bleeding by ſcarification or leeches, bliſters, fomentations, laxative medicines, and opiates to appeaſe it. I have alſo endeavoured to prevent or remove the firſt enlargement by a courſe of medicines the principal of which was the *unguentum hydrargyri*

drargyri rubbed upon the part, or calomel, given for a conſiderable time in ſmall quantities, with an infuſion of burnt ſponge; or the *ferrum tartariſatum* or *ammoniacale*; trying occaſionally what advantage was to be obtained from bliſters, from a plaſter compoſed of gum ammoniacum diſſolved in the *acetum ſcillæ*, or laſtly from electricity. From all or ſome of theſe means I have frequently had occaſion to believe ſome preſent advantage was obtained, or miſchief prevented; but when the diſeaſe has made a certain progreſs, though a variety of medicines and of local applications have been tried, no method of treatment has hitherto been diſcovered ſufficiently efficacious to remove it or prevent its increaſe. Inciſion into, or extirpation of the part, has been recommended, but ſeldom practiſed, though in the 381ſt number of the Philoſophical Tranſactions a caſe is recorded, which is ſaid to have been cured by an inciſion. I have alſo known one caſe in which, after the diſcharge of the fluid by a puncture, ſome wine was injected; but a general inflammation of the contents of the *abdomen* followed, and the patient died on the ſixth day. But the fluid once depoſited, ſeems to be out of the power of the circulation, its abſorption not being promoted by the uſe of any of thoſe evacuating medicines, which ſometimes prove ſucceſsful in the other kinds of dropſy, or by local applications, though I have

tried

tried a great number eſteemed the moſt efficacious and powerful, as the ſquills, the *digitalis*, and the *elaterium*. When the diſeaſe is ſo much increaſed as to occaſion difficulty of breathing or other untoward ſymptoms, recourſe muſt be had to the operation of the *paracenteſis*, by which preſent relief is afforded; and by a repetition of the ſame operation, as often as the return of the abdominal ſwelling to a certain ſize may require it, the life of the patient has been prolonged to extreme old age. Nevertheleſs, I believe it is in general the beſt practice, to defer the operation, till we are driven by neceſſity to perform it, as the progreſs of the diſeaſe is afterwards more rapid. Should there be any ſuſpicion that the water is contained in different cyſts, or that the tumour may be compoſed of hydatids, or the fluid gelatinous, it is proper to inform the friends of the patient, that the operation will not ſucceed, or not in a manner equal to our wiſhes; and it ſhould be eſtabliſhed as a general rule, that we be aſſured, by an examination *per vaginam*, that women are not pregnant, before this operation is performed, even ſuppoſing they have undergone the operation before; provided they are at a time of life and under circumſtances which juſtify any ſuſpicion of pregnancy. For, through the want of this circumſpection, deplorable and irremediable miſchief has in ſome caſes been done to the patient, and the profeſſion very much diſgraced. I have been informed of ſeveral caſes

of

of the dropſy of the *ovarium*, in which the diſeaſe was cured by ſome unexpected change or natural proceſs, as in the following example.

A lady, who had had ſeveral children, was brought to bed in January 1798; and had perfectly recovered her health. She menſtruated regularly till the following June, when ſhe became ſenſible of a pain in the right ſide of the *abdomen*, near the groin, which, though not violent, prevented her from lying with eaſe, or ſleeping on that ſide. About the middle of January 1799, ſhe was ſuddenly ſeized with a violent pain in her bowels, tenſion of the *abdomen*, and much foreneſs on preſſure, accompanied with vomiting, conſtipation, and frequent faintings. Theſe complaints were relieved chiefly by glyſters and gentle purgative medicines, but not entirely removed without many repetitions of them. Before this attack, ſhe had been much weakened by profuſe diſcharges of blood from the *uterus*, and about ten days after, ſhe ſuffered very violent pain in the loweſt part of the back, ſeemingly near the extremity of the *ſacrum*, which joins the *os coccygis*, extending to the loins and acroſs to the hips, eſpecially the right, and down that thigh. The ſlighteſt preſſure on the *ſacrum* or hip brought on excruciating pain in all the neighbouring parts, which continued for ſeveral minutes after the preſſure was removed. This pain was conſidered as the ſciatica, and it was relieved by the warm bath,

and

and the occaſional uſe of opiates. By a return of uterine hemorrhage, every ſix or eight days, together with loſs of appetite and want of reſt, ſhe became extremely weak, irritable, and emaciated. On every return of uterine hemorrhage, the pains in the back were much increaſed, as they alſo were by the evacuation of a coſtive ſtool, for which reaſon glyſters were daily injected. She never had much difficulty in voiding her urine, but frequent inclination to do it; yet there never was in it any diſtempered appearance.

About the middle of February, ſhe could bear to be turned from her back to her ſide, but at thoſe times ſhe felt as if ſome heavy ſubſtance was contained in the *abdomen*, which ſhifted its place as ſhe was turned. After a confinement of ſix weeks to her bed, the painful ſymptoms were mitigated, ſhe was able to ſit in a chair, with her feet raiſed high and her knees drawn up, but ſhe was ſoon obliged by the pain in her back, to return to a recumbent poſition; nor was ſhe able to ſuffer her right leg to approach the ground, or bear the leaſt weight upon it.

Her health and ſtrength however gradually improved, and in March ſhe was able to move and walk a little, but inſtead of her former complaints, there were great tenſion and pain above the *oſſa pubis*, and the whole hypogaſtric region was full and hard, but not ſore to the touch, except on the right ſide, where the hardneſs was firſt perceived. One day about this time,

while ſhe was in the warm bath, ſhe diſcovered a large and hard tumour, extending to the right ſide of the navel, the increaſe of which was ſo rapid, that in the courſe of a few days it occupied the whole *abdomen*. She was than freed from pain in all the parts contained in the *pelvis*, could turn herſelf in bed, and lie on either ſide, and not only move her legs, but walk much better. She frequently after this had ſlight ſhivering fits, and a ſenſe of coldneſs down her back, followed by reſtleſſneſs and feveriſh heat, eſpecially in her hands and feet in the evening, which went off with a free perſpiration towards morning. Her pulſe was at all times very quick.

Though one or more ſtools had been regularly procured every day, an immenſe quantity of hardened fæces, of a large volume, were now diſcharged for three or four ſucceſſive days, by which her ſize was much leſſened. She was ſoon after able to bear a journey to London, her friends being ſolicitous that the nature of her complaint ſhould be aſcertained, as there had been various opinions and repreſentations made of it, by different gentlemen who had ſeen her in the country.

On Sunday March 31ſt, I viſited this lady, and as it ſeemed of principal importance to diſcover in the firſt place the ſeat and nature of her diſeaſe, it was neceſſary to be particular in my inquiries and examination. The whole *abdomen* was diſtended by a circumſcribed tumour

mour evidently connected with, and ſpringing from the right ſide, near the groin, thence extending acroſs, and high up in the *abdomen*. This tumour, though not perfectly uniform over its ſurface, was diſtinctly circumſcribed, and I thought I could perceive an obſcure fluctuation in it. I could alſo feel an angle of the tumour in the poſterior part of the *pelvis*, by which the *os uteri* was projected ſo high, and ſo far forwards, as to be almoſt beyond my reach, as is the caſe in a retroverſion of the *uterus*. I could alſo aſcertain that ſhe was not pregnant. I did not therefore heſitate to give my opinion, that it was a dropſy of the *ovarium*; and by ſuppoſing this, early in the diſeaſe, to have dropped low down in the *pelvis*, and afterwards to have ariſen according to its increaſe, all the ſymptoms, which had occurred in the courſe of the diſeaſe, could be ſatisfactorily explained.

Having repreſented my opinion to the patient and her friends, though I could give but little hope of the diſeaſe being cured, I freed them from the fear and ſolicitude of any immediate danger.

The under-mentioned draught was the only medicine I adviſed.

℞ Flor. Chamæmel. pulv. gr. xv.
Rad. Rhei pulv. gr. v.
——Zingiber. pulv. gr. iij.
Aqu. Ment. ſativ. unc. ij. m. f. Hauſtus.
Sumat ter quotidie.

On the following day, ſhe informed me, that,

after ſuffering conſiderable pain in the bowels, ſhe had had four or five copious motions, and that after every motion ſhe was ſenſible of her ſize decreaſing. The motions were unuſually offenſive, and, before they came away, the deſire to expel them was unnaturally urgent and painful. On examining them, I found that they almoſt wholly conſiſted of a gelatinous fluid, with many ſtreaks of blood, and with little or no mixture of fæces.

The ſame medicines were repeated.

On Tueſday, after ſeveral other motions of the ſame kind, the diſtention of the *abdomen* was leſſened more than one half, and inſtead of being weakened by the evacuations, the patient felt herſelf very much relieved, and cheered with the proſpect of a ſpeedy recovery. She took a ſufficient quantity of nouriſhment, and continued the ſame medicine.

On Wedneſday, I had nearly the ſame account of the number of motions, and of the gradual decreaſe of the ſwelling of the *abdomen*, which was now in fact wholly gone, except that I could feel the ſmall tumour formed by the cyſt, in which the fluid had been contained.

On examining this day *per vaginam*, the *os uteri* was found to be deſcended into its proper ſituation, and no tumour whatever remained in the cavity of the *pelvis*. The patient in ſhort felt, and conſidered herſelf as well, in which ſentiment I encouraged her; concluding in my own mind, that, in conſequence of preceding inflammation.

flammation, an adhesion had taken place between the cyst of the tumour and some part of the intestine, probably the *rectum*, the adhering portion of the bowel had given way, and, by that opening, the contents of the tumour had been evacuated.

But in several other cases, the disease has been entirely removed without the use of any medicine, or any adequate evacuation, or my being able almost to discover how the fluid was carried off. I have therefore recommended such exercise as was most likely to affect the part, as spinning, or turning the lathe, by which the coat of the cyst may perhaps be gradually worn through. It is well known, when the *abdomen* is much distended, that by a fall, or some extraordinary motion, the cyst has burst, and the water contained in it been speedily absorbed and carried off by the common emunctories.

SECTION XIII.

The *ovaria* are also subject, especially a short time after delivery, to inflammation, terminating in suppuration, and to scirrhous and cancerous diseases, with considerable enlargement. In the former state they generally adhere to some adjoining part, as the *uterus*, the *rectum*, the bladder, or the external integuments; and the matter is discharged from the *vagina*, by stool, by urine, or by an external abscess of the

integuments of the *abdomen*, and of these cases I have thought it necessary to subjoin an example*. They are cases which always require much care and skilful management, but in general, instead of aiming to cure them, it will be most serviceable to attend to the symptoms, and by quieting these, and supporting the strength, the constitution at length cures the disease. But in simple enlargements, or beginning dropsies of the *ovaria*, they continue detached and free from any adhesion; and, sinking lower down in the *pelvis* on one side, or in the hollow of the *sacrum*, sometimes produce inconveniences according to their size and situation by obstructing the offices of the *rectum* or bladder. Of those by which the progress of a labour may be impeded, we shall speak in the detail of the causes of difficult labours; but an instance of a diseased *ovarium*, occasioning the symptoms of a retroverted *uterus*, is so well described in a case sent to me by my very able and most ingenious friend Mr. *Everard Home*, now one of the surgeons of *St. George's* Hospital, that I shall beg leave to relate it.

"*Susannah Fletcher*, in the twenty-third year of her age, had a suppression of urine, which frequently required the use of the catheter. Not being able to support the expense of medical attendance, she obtained admission into the *Gloucester* Infirmary, where having conti-

* See the Chapter on Puerperal Fever.

nued

nued for ſeveral months, without any other than temporary relief, ſhe gave up all hope of being cured, and returned to her huſband. She ſoon became pregnant, and in a ſhort time, was ſurpriſed to find that her complaint left her, though it returned immediately after her delivery. It diſappeared a ſecond time in the ſame manner, and under the ſame circumſtances. Her huſband went abroad while ſhe was pregnant, and, after her delivery, ſhe was obliged to go to ſervice for her maintenance; but the daily neceſſity ſhe was under of having the catheter introduced, rendering her unfit for that ſituation, ſhe was admitted a nurſe in the royal hoſpital at *Plymouth*, of which I was one of the aſſiſtant ſurgeons, in *December* 1778.

"She was then unable to void any urine without the catheter, ſhe was habitually coſtive, her ſtomach was eaſily diſturbed, and ſhe was ſubject to hyſteric fits. In all other reſpects ſhe was tolerably healthy, and menſtruated with regularity.

"In *May* 1779, in the agitation of a violent fit, ſhe vomited a large quantity of blood; and this hemorrhage frequently returning, ſhe died in the beginning of *June* following.

"The body was opened in the preſence of ſeveral gentlemen belonging to the hoſpital.

"All the *viſcera* of the *abdomen* were in a healthy ſtate, except the ſtomach and *duodenum*, which were ſomewhat inflamed on their exter-

nal ſurface, and the former internally alſo near the *cardia*; but we could not diſcover the orifice of the veſſel, which had been ruptured.

"Examining the contents of the *pelvis*, we found the *uterus* puſhed forward toward the *oſſa pubis*; and the right *ovarium*, which was enlarged beyond the ſize of a hen's egg, and lying between the *vagina* and *rectum*, had formed a bed there, and was ſo much fitted to that poſition, that it could not eaſily be retained in any other. The left *ovarium*, *uterus*, and bladder, were free from diſeaſe.

"The ſituation of the right *ovarium* was no ſooner obſerved, than it occurred to me that it had produced the ſame effect, as when the *uterus* falls back upon its *cervix* in the retroverſion of the *uterus*; and with this idea, all the ſymptoms of the diſeaſe under which the poor woman had laboured, the removal of the ſuppreſſion of urine during pregnancy, and its return after delivery could be readily explained. The analogy between the ſymptoms of the retroverted *uterus*, and the effect produced by the diſeaſed *ovarium*, were in this caſe too obvious to eſcape obſervation; but if the cauſe of the diſeaſe had been diſcovered during the life of the patient, it would have been difficult to have afforded relief, unleſs ſome ſurgeon had been intrepid enough to have paſſed a trocar through the poſterior part of the *vagina* into the *ovarium*, and

diſcharged

diſcharged the fluid which it was found to contain."

There have been inſtances of one of the *ovaria* paſſing under *Poupart's* ligament into the groin, or through the tendinous opening of the oblique muſcles, where it has put on the appearance, and produced the ſame ſymptoms, as when a ſmall portion of the *omentum* or inteſtines is ſtrangulated: and relief has been obtained by the ſame mode of proceeding, as if it were a real *hernia* of the inteſtine; that is, by dividing the ſtricture *.

It is very remarkable that, in diſeaſes of the *ovaria*, teeth, hair, bones, and other extraneous animal ſubſtances, are found in them ſo frequently, that there is ſcarce a collection of anatomical curioſities, in which there are not various examples. Theſe ſubſtances have hitherto been conſidered as remnants or parts of an imperfect conception, but a celebrated anatomiſt of the preſent time has fully proved, that they may be formed without conception, or even any connubial intercourſe †.

* In Mr. *Pott's* works there is a very curious caſe of this kind, in which both the *ovaria* were extirpated. The patient recovered, but never menſtruated afterwards.

† See a very excellent work juſt publiſhed, The Morbid Anatomy of ſome of the moſt important parts of the Human Body, by Dr. *Matthew Baillie*, in which this ſubject is explained.

CHAPTER

CHAPTER IV.

SECTION I.

ON THE PARTS CONTAINED IN THE CAVITY OF THE PELVIS.

THE principal parts contained in the cavity of the *pelvis* are firſt, the *urethra*, which is connected with the internal ſurface of the *ſymphyſis* of the *oſſa pubis*, with its orifice terminating immediately below the inferior edge, and joined at its other extremity to the bladder; which, when diſtended with urine, aſcends into the cavity of the *abdomen*, in proportion to its diſtention, and reſts upon the upper edge of the *oſſa pubis*. Secondly, the *vagina*, or canal which leads from the *pudendum* to the *uterus*, paſſing obliquely upwards and backwards; connected poſteriorly with the lower part of the *rectum*, and anteriorly with the *urethra* and inner ſurface of the *oſſa pubis*, as is the *uterus*, in part, to the bladder. Thirdly, the *rectum*, or inteſtine, the poſterior part of which adheres to the hollow of the *ſacrum*. But we are not to conclude that any part of the cavity of the *pelvis* is unoccupied; for, beſides theſe principal parts, the nerves, and blood veſſels, ſome of which are of a conſiderable ſize, every ſpace between them is filled with cellular or adipoſe membrane; and

it ſeems as if by the preſſure upon this, at the time of parturition, an effect equivalent to an abſolute enlargement of the cavity was produced.

The cavity of the *pelvis* is conſidered, by anatomiſts, as the inferior part of the cavity of the *abdomen*; but, in a deſcription of its contents, with a view to the practice of midwifery, it appears more convenient to ſpeak of them as diſtinct cavities, ſeparated by the *peritonæum*, which, deſcending from the fore part of the *abdomen*, paſſes over the *fundus* and poſterior part of the bladder, aſcends over the anterior part and *fundus* of the *uterus*, and then, making a deep inflection, covers the back part of the *uterus*, and the greateſt portion of the *vagina*. It then reverts over the anterior part of the *rectum*, and proceeds to form a lining to the cavity of the *abdomen*.

By this inflection of the *peritonæum*, the *uterus*, during pregnancy, is permitted to expand more freely, and to riſe without inconvenience into the cavity of the *abdomen*. But from the ſame cauſe women become liable to various diſeaſes, to the retroverſion of the *uterus*, to the *hydrocele*, or dropſy of the *perinæum*, and to that ſpecies of *hernia*, which is occaſioned by the deſcent of the inteſtines between the *vagina* and *rectum*. But quadrupeds, by their horizontal poſition, are exempt from every diſadvantage, to which the inflection of the *peritonæum* may ſubject women.

By

By the term retroverſion, ſuch a change of the poſition of the *uterus* is underſtood, that the *fundus* is turned backwards and downwards upon its *cervix*, between the *vagina* and *rectum*; and the *os uteri* is turned forwards to the *pubis*, and upwards in proportion to the deſcent of the *fundus*, ſo that, by an examination *per vaginam*, it cannot be felt, or not without difficulty, when the *uterus* is retroverted *. By the ſame examination there may alſo be perceived a large round tumour, occupying the inferior part of the cavity of the *pelvis*, and preſſing the *vagina* towards the pubis. By an examination *per anum*, the ſame tumour may be felt, preſſing the *rectum* to the hollow of the *ſacrum*; and if both theſe examinations are made at the ſame time, we may readily diſcover that the tumour is confined between the *vagina* and *rectum*.

Beſides the knowledge of the retroverſion which may be gained by theſe examinations, it is found to be accompanied with other very diſtinguiſhing ſymptoms. There is in every caſe, together with extreme pain, firſt a retention, and afterwards a ſuppreſſion, of urine; and by the continuance of this diſtention of the bladder, the tumour formed by it in the *abdomen* often equals in ſize, and reſembles in ſhape, the *uterus* in the ſixth or ſeventh month of

* It is a true ſubverſion of the *uterus*, the *fundus* of which falls back upon the *vagina*.

pregnancy.

pregnancy. But it is neceſſary to obſerve, that the ſuppreſſion of urine is frequently abſolute only before the retroverſion of the *uterus*, or during the time it is retroverting; for, when the retroverſion is completed, there is often a diſcharge of ſome urine, ſo as to prevent an increaſe of the diſtention of the bladder, though not in a ſufficient quantity to remove it. There is alſo an obſtinate conſtipation of the bowels, produced by the preſſure of the retroverted *uterus* upon the *rectum*, which renders the injection of a clyſter very difficult, or even impoſſible. But it appears that all the painful ſymptoms are chiefly in conſequence of the ſuppreſſion of urine; for none of thoſe parts, which are apt to ſympathiſe in affections or diſeaſes of the *uterus*, are diſturbed by its retroverſion.

The retroverſion of the *uterus* has generally occurred about the third month of pregnancy, and ſometimes after delivery; it may likewiſe happen when the *uterus* is, from any cauſe, enlarged to the ſize it acquires about the third month of pregnancy, but not with ſuch facility as in the pregnant ſtate, becauſe the enlargement is then chiefly at the *fundus*. If the *uterus* is but little enlarged, or if it be enlarged beyond a certain ſize, it cannot well be retroverted; for, in the firſt caſe, ſhould the cauſe of a retroverſion exiſt, the weight at the *fundus* would be wanting to produce it; and in the latter the

uterus

uterus would be raiſed above the projection of the *ſacrum*, and ſupported by the ſpine.

The ſuppreſſion of urine has hitherto been ſuppoſed to be the conſequence of the retroverſion of the *uterus*, which has been aſcribed to various accidental cauſes. But if we conſider the manner in which theſe parts are connected, and examine the effect produced by the inflation of the bladder in the dead ſubject, ſo as to reſemble, in ſome meaſure, the diſtention brought on by a ſuppreſſion of urine in the living, we ſhall be convinced that the *uterus* muſt be elevated before it can be retroverted *. Now, as there appears to be no cauſe, beſides the diſtention of the bladder, capable of elevating the *uterus*, and at the ſame time projecting its *fundus* backwards; and as ſuch elevation and projection neceſſarily follow the diſtention of the bladder, it is more reaſonable to conclude that the ſuppreſſion of urine precedes the retroverſion, if we do not allow it to be a cauſe without which the retroverſion cannot exiſt. Moreover, if the *uterus* be in a ſtate which permits it to be retroverted, when the bladder is much diſtended, a retroverſion is a neceſſary conſe-

* By repeated and ſtrong inflations of the bladder, and then preſſing out the air in the dead ſubject, I could give a very good idea of the retroverſion of the *uterus*; and probably, if I could have had an opportunity of making the experiment in a ſtate of pregnancy, I might have ſucceeded in producing an actual retroverſion.

quence,

quence, or it may be produced by a very trifling accident. If a woman, for inſtance, about the third month of her pregnancy, has a ſuppreſſion of urine continuing for a certain time, and producing a certain degree of diſtention of the bladder, we may be aſſured that the *uterus* is retroverted.

It would be vain and abſurd to contend for the opinion, that, firſt a retention, and then a ſuppreſſion of the urine are the cauſes of the retroverſion of the *uterus*; for, were it not juſt, it would be contradicted by daily experience. But the matter no longer reſts upon the foundation of opinion or conjecture: for, from the firſt caſe in which I thought I had reaſon to ſuſpect it, I have ſo conſtantly obſerved it, either by the reſerve of women of ſuperior rank in life, or by the reſtraint of thoſe in inferior ſituations, neglecting or being prevented from attending to the calls of nature, that there does not remain a doubt concerning it. The fact hath alſo been proved in a variety of caſes by practitioners of the firſt eminence, who have ſupplied me with the moſt unqueſtionable teſtimonies of its truth; and, in this caſe, it is a matter of great importance to diſcover the cauſe of the diſeaſe, as the method of preventing it and relieving the patient with perfect ſafety is thereby immediately pointed out.

But the preceding ſuppreſſion of urine may be overlooked, as there is not occaſion for it to be of long continuance in order to produce this effect;

effect; especially in a woman who hath a capacious *pelvis*, in whom the retroversion of the *uterus* is most likely to happen. It must also be observed, that, though the suppression of urine gives to the *uterus* its first inclination to retrovert, yet the position of the *os uteri* is such, in the act of retroverting, and the tumour formed by the *fundus* is sometimes so large, when actually retroverted, as to become, in their turn, causes of the continuance of the suppression of urine.

Should any doubt remain of the cause of the retroversion, it cannot, however, be disputed but that all attempts to restore the *uterus* to its natural position, before the distention of the bladder is removed, must be fruitless, as the *uterus* will be irresistibly born down by the pressure of the superincumbent bladder. The first step then to be taken for the relief of the patient is, to draw off the urine: yet there is always in these cases great difficulty in the introduction of the common catheter, because the *urethra* is elongated, altered in its direction, and pressed against the *ossa pubis* by the tumour formed by the retroverted *uterus*; and many women, when the *uterus* was retroverted, have lost their lives from the want of expertness in introducing the catheter. But the attending inconveniences may be avoided or surmounted by the use of a flexible male or female catheter, slowly conducted through the *urethra*. I say slowly, because, whatever catheter is used, the

ſucceſs of the operation, and the eaſe and ſafety of the patient, very much depend upon this circumſtance. For if we affect to perform it with haſte and dexterity, or ſtrive to overcome the difficulty by force, we ſhall be foiled in the attempt, or it will be ſcarcely poſſible to avoid doing very great injury to the parts. The catheter ſhould not be carried farther into the bladder, when the urine, often collected in an immenſe quantity and miſtaken for ſome other diſeaſe, begins to flow, unleſs it ceaſes before the diſtention be removed; which, in ſome caſes, happens in ſuch a manner, as to give us the idea of a bladder divided into two cavities. External preſſure upon the *abdomen*, when the catheter is introduced, will alſo favour the diſcharge of the urine, after which the patient is ſenſible of ſuch relief, as to conclude that ſhe is wholly freed from her diſeaſe. A clyſter ſhould then be injected, or ſome opening medicine given, and repeated if neceſſary, to remove the *faces*, which may have been detained in the *rectum* before, or during the continuance of the retroverſion.

But though the diſtention of the bladder is removed by the diſcharge of the urine, and all the ſymptoms occaſioned by it relieved, the *uterus* will continue retroverted. It has been ſaid that the ſtate of retroverſion was injurious to the *uterus* itſelf, and would ſoon produce ſome dangerous diſeaſe in the part; it has alſo been aſſerted, that, if the *uterus* was permitted

to remain in that ſtate, it would be locked in the *peluis* by the gradual enlargement of the *ovum*, in ſuch a manner as to render its repoſition impracticable, and the death of the patient an inevitable conſequence. On the ground of theſe opinions we have been taught that it is neceſſary to make attempts to reſtore the *uterus* to its natural ſituation, with all expedition, when the urine is diſcharged, and that we are to perſevere in theſe attempts till we ſucceed. In caſe of failure by plain and common methods, the means we have been adviſed to purſue, many of which are ſevere, and ſome extremely cruel, as well as uſeleſs, would beſt deſcribe the dread of thoſe conſequences which have been apprehended from the retroverſion.

For both thoſe conſequences there cannot ſurely be reaſon to fear. If the uterus be injured, there will be no farther growth of the *ovum*; and if the *ovum* ſhould continue to grow, it is the moſt infallible proof that the *uterus* has not received any material injury. But it is remarkable that, in the moſt deplorable caſes of the retroverſion of the *uterus*, thoſe which have terminated fatally, the death of the patient has been diſcovered to be owing to the injury done to the bladder only. It is yet more remarkable, in the multiplicity of caſes of this kind which have occurred, many of which have been under the care of practitioners, who had no ſuſpicion that the *uterus* could be retroverted, and who would of courſe make no attempts to

replace

replace it, that there ſhould be ſo few inſtances of any injury whatever. Yet every patient under theſe circumſtances muſt have died, if their ſafety had depended upon the reſtoration of the *uterus* to its proper ſituation by art; attention having only been paid to the moſt obvious and urgent ſymptom, the ſuppreſſion of urine, and to the prevention of the miſchief which might thence ariſe.

Opinions are often vain and deceitful, but, with reſpect to the matter now under conſideration, they have alſo been very prejudicial. For it has been proved in a variety of caſes, many of which were attended to with particular care by unprejudiced and very capable witneſſes, that the *uterus* may remain in a retroverted ſtate for many days or weeks, without any other detriment, than what may be occaſioned by the temporary interruption of the diſcharges by ſtool or urine: and, contrary to all expectation, it hath been moreover proved, that the *uterus*, when retroverted, will often be gradually, and ſometimes ſuddenly, reſtored to its poſition without any aſſiſtance, provided the cauſe be removed by the occaſional uſe of the catheter. It appears that the enlargement of the *uterus*, from the increaſe of the *ovum*, is ſo far from obſtructing the aſcent of the *fundus*, that it contributes to promote the effect, the diſtention of the *cervix* becoming a balance to counteract the depreſſion of the *fundus*; for I have found no caſes of the retroverted *uterus* admit

of a repoſition with ſuch difficulty, as in women who were not pregnant, in whom the *uterus* underwent none, or only a very ſlow change.

Allowing that we have the power of returning the *uterus* when retroverted to its proper ſituation; knowing alſo that it may continue retroverted without any immediate ill conſequences; and preſuming that it is capable of recovering its ſituation by the gradual exertion of its own power, at leaſt that ſuch recovery is an event which ſpontaneouſly follows the change which the part naturally undergoes; it is neceſſary to conſider the advantages and diſadvantages which may reſult from our acting according to either intention.

If the attempt to replace the *uterus* be inſtantly made after the urine is diſcharged, ſo much force will often be required for the purpoſe as will, notwithſtanding all precaution, give much pain, induce the hazard of injuring the *uterus*, and often occaſion abortion; which, in ſome inſtances, is alſo ſaid to have happened when little force was uſed, and even when the *uterus* was actually retroverted: and of this I can no longer entertain any doubt. It muſt likewiſe be granted that, in ſome caſes, by paſſing two or more fingers into the *vagina*, the *fundus* of the *uterus* may be raiſed beyond the projection of the *pubes* without much force, and the patient be ſoon and altogether freed from the complaint and its conſequences. But in other caſes, repeated attempts, with various contrivances,

trivances, and with the patient at the ſame time placed in the moſt favourable poſitions, have failed to procure ſucceſs. It hath alſo been obſerved, when the *uterus* has been fully raiſed to its natural ſituation, that it has for ſome time afterwards, and from ſlight cauſes, been again retroverted.

If, on the contrary, we are perſuaded, that the *uterus* will ſuſtain no injury by its retroverſion, and that there is no danger of its being locked in the *pelvis*, but that it will be gradually reſtored to its natural poſition without aſſiſtance, we have then only to guard againſt thoſe inconveniences, which may be occaſioned by the diſtention of, or the preſſure made upon the bladder and *rectum*. By the former of theſe we ſhall be reduced to the neceſſity of uſing the catheter daily or frequently, which is generally done without difficulty, except the firſt time it is introduced. This operation, it muſt be acknowledged, is, in all caſes, very diſagreeable and troubleſome to the patient; and, in ſome ſituations, the neceſſity we are under of performing it ſo often, and for ſo long a time, is in itſelf a ſufficient reaſon for our attempting to replace the *uterus* ſpeedily. But the ſuppreſſion of urine does not always remain through the continuance of the retroverſion of the *uterus*; for, when the diſtention of the bladder has been removed for a very few days, its power of action will be reſtored, the preſſure upon it leſſened, and the patient will become able to

void her urine without further aſſiſtance, during the continuance of the retroverſion.

We may then bring the matter to this iſſue: if the *uterus*, when retroverted, can be placed by art, without the exertion of much force, or the riſk of miſchief, the immediate repoſition, though not abſolutely neceſſary, is at all times an event to be wiſhed; as farther apprehenſion and trouble are prevented, the ſafety of the patient enſured, and her mind quieted. But, when the *uterus* cannot be replaced without violence, it ſeems more juſtifiable to wait for its return, and to ſatisfy ourſelves with watching and relieving the inconveniences produced by the retroverſion. We ſhall alſo find, that the longer the attempt to replace the *uterus* is delayed, the more eaſy the operation will ultimately be, and the ſucceſs more certain; though I have known many caſes in which the *uterus* was repeatedly retroverted in a ſhort time after its repoſition, without any additional miſchief.

To thoſe who have been accuſtomed to conſider the retroverſion of the *uterus* as productive of immediate and urgent danger, it may ſeem ſtrange to aſſert, that, when the urine is diſcharged, the patients are often able to return to the common buſineſs of life without danger, and with very little trouble, if no eſſential injury has been done to the bladder by the greatneſs or long continuance of the diſtention. I do not mean that they will be as perfectly eaſy as if the *uterus* was not retroverted; but the incon-

inconveniences they may ſuffer will be trifling and of ſhort duration compared with thoſe which might ariſe from violent attempts to replace it.

I ſhall conclude theſe remarks with two obſervations which will appear extraordinary. Firſt, women who live in an humble ſituation of life, or in an unrefined ſtate of ſociety, are ſcarcely ever liable to this complaint, becauſe they are free from the conſtraint of company; and thoſe in the higheſt ranks of the moſt refined ſociety, not being abaſhed to withdraw from company, are nearly in the ſame ſituation. But thoſe who, in a middle ſtate of life, with decent, yet not over refined manners, have not caſt off the baſhfulneſs of the former, nor acquired the freedom of the latter, are moſt ſubject to the retroverſion of the *uterus*.

Secondly, from the time when the firſt accounts of the retroverſion of the *uterus* were given in this country, which were written with great accuracy, but with too much apprehenſion, till within theſe few years, it was eſteemed to be a caſe of great danger, and to require the moſt delicate management. But, at the preſent time, no practitioner of credit conſiders it as a caſe of any difficulty, or feels any ſolicitude for the event, provided he be called to the relief of the patient before any miſchief is actually done *.

* See Medical Obſervations and Inquiries, Vol. IV, and ſubſequent volumes.

SECTION II.

ANOTHER complaint, ſimilar to that of which we have been ſpeaking, and which has been called a retroflection of the *uterus*, has occurred in practice. By this term is implied ſuch an alteration in the poſition of the parts of the *uterus*, that the *fundus* is turned downwards and backwards between the *rectum* and *vagina*, whilſt the *os uteri* remains in its natural ſituation; an alteration which can only be produced by the curvature or bending of the *uterus* in the middle, and in one particular ſtate; that is, before it is properly contracted when a woman has been delivered.

A ſuppreſſion of urine exiſting at the time of delivery, and continuing unrelieved afterwards, was the cauſe of the retroflection of the *uterus* in the ſingle caſe of this kind of which I have been informed by Dr. *Thomas Cooper*; and the ſymptoms were like thoſe which were occaſioned by the retroverſion.

When the urine was drawn off by the catheter, which was introduced without difficulty, the *fundus* of the *uterus* was eaſily replaced by raiſing it above the projection of the *ſacrum*, in the manner adviſed in the retroverſion, and it occaſioned no farther trouble.

SECTION

SECTION III.

THAT affection of the *vagina* and *perinæum*, which I have termed the *hydrocele*, or dropſy of the *perinæum*, is not an original diſeaſe of the part, but a ſymptom of the *aſcites*, or of the encyſted dropſy, occaſioned by the preſſure of the water contained in the cavity of the *abdomen*, upon the inflected part of the *peritonæum* between the *vagina* and *rectum*. The former, having no ſupport from the adjoining parts, and being unable to ſuſtain the weight of the column of water which reſts upon it, after a certain time, begins to yield; and the preſſure being continued or increaſed, the poſterior part of the *vagina* is diſtended, puſhed down, and at length protruded through the external parts, in ſuch a manner as to invert the *perinæum*. A tumour is then formed at the poſterior part of the *pudendum*, of which the *vagina* is the external coat, and the *peritonæum* the internal. This appearance occurs too rarely, or the inſtances recorded are too few, to juſtify the eſtabliſhment of any general mode of practice; but, by the hiſtory of the following caſe, we may be enabled to make a diſtinction of this particular tumour, and of the method of treatment which it may ſometimes be requiſite and adviſable to purſue. The only caſe likely

to

to be miſtaken for this which we are now deſcribing is, when the *vagina* is protruded through the external parts, by a gradual diſtention from concervated *fæces*; and this may be readily diſtinguiſhed by paſſing the finger into the *rectum*.

In the year 1772 I attended a patient, who was then pregnant of her ſixth child. She had a ſlight cough, ſome difficulty in breathing, and an obtuſe pain in her right ſide. Her eyes had a yellow tinge, and ſhe had an uneaſy ſenſation, as if her ſtomach was ſwelled. Her urine, which was voided in ſmall quantities, was high-coloured, and depoſited a red ſediment. Her pulſe was quick, ſhe had a conſtant thirſt, and very little appetite. She reckoned that ſhe was in the ſeventh month of her pregnancy.

Six ounces of blood were taken from the arm, a ſaline draught was given, with a few grains of rhubarb, twice daily, or occaſionally. She was adviſed to drink whey or ground-ivy tea with milk, and ſweetened with honey, for her common drink, to live chiefly upon fruit and vegetables, and to go into the country. There ſhe reſided two months, during which time little alteration was made in her diet and medicines; but the *abdomen* was diſtended to an unuſually large ſize. She then returned to her family in town in daily expectation of being delivered.

In the courſe of my attendance ſhe had often mentioned a complaint, which was very troubleſome,

ſome, and occaſioned great ſolicitude. This, from her deſcription, I conſidered as a *prolapſus* of the *uterus*; and, expreſſing a deſire to be more particularly informed, ſhe permitted me to examine it.

I was ſurpriſed to find a tumour of the ſize, and ſomewhat of the form, of an inflated calf's bladder, riſing from the *perinæum* internally, and paſſing forwards and outwards, ſo as perfectly to occlude the entrance into the *vagina*. By preſſure the tumour leſſened, and by a continuance of the preſſure it entirely diſappeared, leaving a looſe pouch within, and on the back part of the *vagina*. When ſhe ſtood up the tumour returned to its former ſize and ſituation; but when ſhe lay down, and the preſſure was renewed, it again diſappeared. It had not the feel of *omentum* or inteſtine, but clearly contained a fluid, which muſt communicate with ſome other cavity. I afterwards examined the *abdomen*, and could readily perceive a fluctuation in it. A doubt then aroſe whether ſhe was with child; but, by an examination *per vaginam*, I could diſcover the head of a ſmall child reſting upon the *oſſa pubis*.

The peculiarity of this tumour, its receſſion when preſſed, and its return when the preſſure was removed and the patient ſtood upright, together with the aſſurance of there being water contained in the cavity of the *abdomen*, were preſumptive proofs that there muſt be a communication between the tumour and that cavity; and

and this communication could not be explained so satisfactorily as by supposing that the water had insinuated itself between the *vagina* and *rectum*, and, by resting upon, had at length protruded the posterior part of the *vagina*.

If this opinion were just, it might yet be debated what was the most reasonable method to be pursued for the relief of the patient; or whether it would not be more prudent to defer all attempts till she was delivered. Several gentlemen of the first eminence in the profession were consulted upon the occasion, and it was agreed, that we should wait till she was delivered, before the treatment of her other complaints was taken into consideration.

About three weeks after this time her labour came on. The child being small, and presenting naturally, it was soon expelled, the tumour yielding gradually to the pressure of the head of the child; though it appeared that the expulsion was completed by the action of the *uterus* only, the abdominal muscles being too much distended to contribute any assistance. The *placenta* came away with great ease, and she had no complaint till the fourth day after her delivery, when, after a few loose stools, her strength failed, and she expired.

After her death I was very desirous of knowing the truth of the opinion which had been entertained concerning her case; but her friends would not consent that the body should be opened. They however permitted me to examine

amine the tumour. A trocar being puſhed into it, upwards of a quart of water was immediately diſcharged. The water then came away more ſlowly; but I obſerved that the *abdomen* ſubſided in proportion to the water diſcharged through the *canula* of the trocar.

Mr. *Watſon*, a ſurgeon of great experience and ability, who ſaw this patient, informed me, that he had met with a ſimilar caſe in a woman who was not pregnant. He tapped the tumour with a ſmall trocar, and left the *canula* remaining in the orifice for ſeveral days. The water continued to drain away till the *abdomen* was perfectly empty. This woman recovered, and had no return of the dropſy.

I lately attended a patient, who had a tumour of the ſame kind as that above deſcribed, with Mr. *Daviſon*, ſurgeon in Chancery lane. But as ſhe had been many times tapped before in the common way with ſucceſs, I was afraid to recommend his making the puncture in the tumour, leſt danger ſhould be incurred by an attempt to procure more perfect or permanent benefit. But I now think my fears were groundleſs, and that this patient would have had a better chance of recovering perfectly, if a puncture with a ſmall trocar had been made into the tumour at the poſterior part of the *pudendum* *. This protruſion of the *vagina* very frequently occurs in dropſies of long ſtanding.

* See Medical Communications, Vol. I.

SECTION IV.

By the deſcent of the inteſtines, or *omentum*, between the *uterus* and *rectum* is conſtituted a particular kind of *hernia*, of which the caſes recorded are very few *. The inconveniences thence ariſing will depend upon the bulk of the tumour formed, and the compreſſion which the parts thus ſituated may undergo. The methods by which relief can be obtained by art will immediately occur to every practitioner, as they conſiſt in making all prudent and reaſonable attempts to replace the diſarranged parts, and keeping them in their proper ſituation when replaced. It is happy for the patient that no immediate bad conſequences are likely to follow this complaint; though, under particular circumſtances, it may prove fatal, as in the following caſe, which was communicated to me by Dr. *Maclaurin*.

A ſervant in a gentleman's family, in a ſtate of perfect health, was ſuddenly ſeized with all the ſymptoms of a ſtrangulated *hernia*, though from the moſt accurate inquiry and examination, it did not appear that ſhe then, or at any preceding time, had a *hernia*. All the means uſed for her relief were ineffectual, and ſhe died on the third day of her illneſs. Leave being obtained to

* Elytrocele. *Vogel.* ccccii. Hernia in vagina uteri eminens.

inſpect

inſpect the body, a conſiderable portion of inteſtine was found lying between the *uterus* and *rectum*, in a gangrenous ſtate; and it was confined and compreſſed in this ſituation by a membranous bridle, which paſſed from the *fundus* of the *uterus* to the oppoſite part of the *rectum*.

CHAPTER V.

SECTION I.

ON MENSTRUATION.

FROM the *uterus* of every healthy woman, who is not pregnant, or who does not give ſuck, there is a diſcharge of blood, at certain periods, from the time of puberty to the approach of old age; and, from the periods or returns of this diſcharge, it is called Menſtruation.

There are ſeveral exceptions to this definition. It is ſaid, that ſome women never menſtruate, their conſtitutions or ſtructure not requiring or allowing of this diſcharge, of which I have known two inſtances, yet concealing the circumſtance, they imprudently ventured to marry, and were ſterile. Some menſtruate while they continue to give ſuck, and others are ſaid to menſtruate during pregnancy; but of this I have never known an example. Some are ſaid to menſtruate in early infancy, and others in old age: but ſuch diſcharges may, I believe, with more propriety, be called morbid, or ſymptomatic; for when the female conſtitution from any cauſe is diſpoſed to or requires a ſanguineous diſcharge, it is commonly made from the veſſels of the *uterus*. There are alſo many varieties, as

ſome have believed, in the part from which the diſcharge was made, whether from the *vagina*, or *uterus*; and with reſpect to its periods and appearance, from permanent cauſes or accidental influences; but the definition is generally true.

At whatever time of life this diſcharge comes on a woman is ſaid to be at puberty; though of this it is a conſequence, and not a cauſe. The early or late appearance of the *menſes* may depend upon the climate, the conſtitution, the delicacy or hardineſs of living, and upon the manners of thoſe with whom young women converſe *. There ſeems to be an analogy between the effect of heat upon fruits, and the female conſtitution with reſpect to menſtruation, for, in general, the warmer the climate the ſooner the *menſes* appear. In *Greece*, and other hot countries, girls begin to menſtruate at eight, nine, and ten years of age; but advancing to the northern climates, there is a gradual protraction of the time till we come to *Lapland*, where women do not menſtruate till they arrive at maturer age, and then in ſmall quantities, at long intervals, and ſometimes only in the ſummer †. But, if they do not menſtruate according to the genius of the country, it is ſaid they ſuffer equal inconveniences as in warmer climates, where the quantity diſcharged is much greater, and the periods ſhorter. In this coun-

* *Rouſſeau.*

† *Linnæi* Flora Lapponica; under the article *Muſcus.*

try girls begin to menſtruate from the fourteenth to the eighteenth year of their age, and ſometimes at a later period, without any ſigns of diſeaſe; but if they are luxurioufly educated, ſleeping upon down beds, and ſitting in hot rooms, menſtruation uſually commences at a more early period.

Many changes in the conſtitution and appearance of women are produced at the time of their firſt beginning to menſtruate. Their complexion is improved, their countenance is more expreſſive and animated, their attitudes graceful and their converſation more intelligent and agreeable; the tone of their voice becomes more harmonious, their whole frame, but particularly their breaſts, are expanded and enlarged, and their minds are no longer engaged in childiſh purſuits and amuſements *.

The difference in the time of life when the *menſes* appear has been aſſigned as the reaſon why women, in hot climates, are almoſt univerſally treated as ſlaves, and why their influence is ſo powerful and extenſive in cold countries, where perſonal beauty is in leſs eſtimation †. In hot climates women are in the prime of their beauty when they are children in

* Nec minus notum eſt, quanta virgini alteratio contingat, increſcente primum et tepefacto utero, pubeſcit nempe, coloratior evadit, mammæ protuberant, pulchrior vultus renidet, ſplendent oculi, vox canora, inceſſus, geſtus, ſermo, omnia decora fiunt.—*Harv. Exercitat. de Partu.*

† *David Hume*; but I do not remember in what part of his works.

underſtanding;

underſtanding; and when their underſtanding is matured, they are no longer the objects of love. In temperate climates their perſons and their minds acquire perfection at the ſame time; and the united power of their beauty and faculties is irreſiſtible.

Some girls begin to menſtruate without any preceding indiſpoſition, but there are generally appearances or ſymptoms, which indicate the change that is about to take place. Theſe are uſually more ſevere at the firſt than in the ſucceeding periods, and they are ſimilar to thoſe produced by uterine irritation from other cauſes; as pains in the back and inferior extremities, complaints of the *viſcera*, with various hyſteric and nervous affections. Theſe commence with the firſt diſpoſition to menſtruate *, and continue till the diſcharge comes on, when they abate or diſappear; returning, however, with conſiderable violence in ſome women, at every period during life.

The quantity of blood diſcharged at each evacuation depends upon the climate, conſtitution, and manner of living, but it varies in different women in the ſame climate, or in the ſame women at different periods. Yet there is a common quantity to which, under the like circumſtances, women approach, and it may be eſtimated in this manner: Suppoſing the quan-

* Ante menſes conſtanter ſatis, humor ſeroſus albicans effluit, etiam aliquot menſibus priuſquam ſanguis ſequatur.—*Haller. Phyſiolog.*

tity to be about eighteen ounces in *Greece*, and two ounces in *Lapland*, there will be a gradual alteration between the two extremes, and in this country it will amount to about ſix ounces.

There is alſo a great difference in the time required for the completion of each period of menſtruation. In ſome women the diſcharge returns preciſely to a day or an hour, and in others there is a variation of ſeveral days, without inconvenience. In ſome it is finiſhed in a few hours, and in others it continues from one to ten days; but the intermediate time, from three to ſix days, is the moſt uſual.

There has been an opinion, probably derived from the Jewiſh legiſlator, afterwards adopted by the Arabian phyſicians, and credited in other countries, that the menſtruous blood poſſeſſed ſome peculiar malignant properties. The ſevere regulations which have been made, in ſome countries, for the conduct of women at the time of menſtruation, the expreſſions uſed*, the diſpoſal of the blood diſcharged, or of any thing contaminated with it, the complaints of women attributed to its retention, and the effects enumerated by grave writers, indicate the moſt dreadful apprehenſions of its baneful influence. Under peculiar circumſtances of health, or ſtates of the *uterus*, or in hot climates, if the evacuation be ſlowly made, the menſtruous blood may become more acrimonious or offen-

* Iſaiah, chap. xxx, and Ezekiel.

five

ſive than the common maſs, or any other ſecretion from it; but in this country and age, no malignity is ſuſpected, the menſtruous woman mixes in ſociety as at all other times, and there is no reaſon for thinking otherwiſe than that this diſcharge is of the moſt inoffenſive nature *. It is probable that the true reaſons of the laws relating to this ſubject were political, though thoſe which were aſſigned were phyſical.

At the approach of old age women ceaſe to menſtruate, but the time of the ceſſation is commonly regulated by the original early or late appearance of the *menſes*. With thoſe who began to menſtruate at ten or twelve years of age, the diſcharge will ſometimes ceaſe before they arrive at forty; but if the firſt appearance was protracted to ſixteen or eighteen years of age, independently of diſeaſe, ſuch women may continue to menſtruate till they have paſſed the fiftieth, or even approach the ſixtieth year of

* Penis cum menſtruata concumbentis excoriatur, ſi novella vitis eo tangatur, in perpetuum læditur, ſteriles fiunt tactæ fruges, moriuntur inſita, exuruntur hortorum germina; ſi mulier prægnans alterius menſtrua ſupergrediatur, aut illis circumlinatur, abortum facit; ei autem, quæ uterum non geſtat, concipiendi ſpem adimit; purgantis ſpiritus, et vapor ab ore, ſpecula atque eboris nitorem obſcurat: guſtatus hic ſanguis canes in rabiem agit, homines vero diris cruciatibus affligit, comitialem morbum, pilorum eduvium, aliaque elephanticorum vitia: ideireo a veteribus inter venena relatus; pari malignitate exiſtimatur, atque ſanguinis elephantici potus —*De Graaf*, p. cxxiv.

their age. But, in this country, the moſt frequent time of the ceſſation of the *menſes* is between the forty-fourth and forty-eighth year, after which women never bear children. By this conſtitutional regulation of the *menſes* the propagation of the ſpecies is, in every country, confined to the moſt vigorous part of life, and, had it been otherwiſe, children might have become parents, and old women might have had children, when they were unable to ſupply them with proper or ſufficient nouriſhment.

When women are deprived of the common uterine diſcharge, they are ſometimes liable to periodical emiſſions of blood from the noſe, lungs, ears, eyes, breaſts, navel, and almoſt every other part of the body *. Theſe have been deemed as deviations of the *menſes*, and communicated with the moſt ſcrupulous exactneſs, as if ſome great advantage was to be obtained by our knowledge of them. They may proceed from an inaptitude of the *uterus*, ſome defect in the organization of that part, or from ſome accidental cauſe, but the propriety of conſidering them in this point of view ſeems very doubtful. I ſuſpect that they generally ought rather to be eſteemed as diſcharges belonging to ſome diſeaſe under which the patient may labour, or to the ſtate ſhe is in; and that

* Illa (menſtrua) per vomitum, alvum, urinam, per oculos, nares, aures, gingivas, mammas, umbilicum, minimum manus digitum, ac alias infuetas corporis partes interdum promanare.—*De Graaf*, p. cxxix.

they

they often proceed from cauſes totally independent of thoſe of menſtruation, as hemorrhages of every kind, in either ſex, are frequently obſerved to be periodical.

Some men alſo have had a periodical diſcharge of blood from various parts of the body, but generally from the hemorrhoidal veſſels. We might ſuppoſe that ſuch conſtitutions reſembled thoſe of women, though the eſſential peculiarity, independent of ſtructure, cannot be diſcovered.

SECTION II.

THE cauſes of menſtruation have been divided into efficient and final; and though little has been ſaid upon this ſubject which is likely to procure any practical advantage, ſufficient attention has been paid both to the diſcovery of the cauſe and end of menſtruation; and, where our ſenſes have failed to procure evidence, the imagination hath been called to their aid. To unſophiſticated obſervation and to a mere relation of facts, or the inferences plainly to be deduced from them, men are unwilling to ſubmit, as the powers of the imagination by ſuch proceeding would be checked or ſuppreſſed, the want of underſtanding concealed, and the parade of learning loſt. Hence a multitude of opinions are formed and trans-

ferred by the writers of one age to be controverted by thoſe of the next; and we are amuſed or perplexed, but not inſtructed. Of this truth there will not be a doubt, if we conſider for a moment the number of opinions which have devolved upon us, with reſpect to menſtruation and conception; the fallacy of which it would be the buſineſs of one man's life to confute. But, though we are not to be immerged in ſuch inquiries, a curſory view of what has been ſaid of the cauſes of menſtruation ſeems neceſſary, to preſerve the unity, as it may be called, even of a practical diſcourſe.

It has been ſaid, after *Ariſtotle*, that the fluids of the human body were, like the ocean, influenced according to the phaſes of the moon, and that menſtruation reſembled the tides. This diſcharge has been attributed to a *plethora* of the conſtitution, or of the *uterus*; to a ferment generated in the *uterus*; or to ſome humour of the conſtitution *, as the bile, producing this ſpecific effect upon the *uterus*. Some have preſumed that it was a ſimple diſcharge of blood, others that it was a ſecretion; ſome that it was a conſtitutional diſcharge, and others that it was merely local.

That menſtruation is not occaſioned by the moon, or any general phyſical cauſe, is evident from the circumſtance of women menſtruating

* See Charlton, Drake, and many other writers.

at every moment of its increaſe or decline; and if this reaſon were admitted, it would prove that men and animals ſhould alſo menſtruate. It is not probably occaſioned by *plethora*, as the loſs of ſeveral times the quantity of blood diſcharged previous to, or in the very act of menſtruation, from the arm, or any other part of the body, does not prevent or interrupt the flowing of the *menſes*; and in thoſe complaints which ariſe from obſtructions of the *menſes*, greater relief is afforded by a few drops of blood from the *uterus* itſelf, than by ten times the quantity from any other part. There ſeems to be no reaſon for the opinion of any fermenting principle being the efficient cauſe of menſtruation, no part of the *uterus* appearing fitted for its ſecretion or reception; and the idea of bile acting with any peculiar influence upon the *uterus* was aſſumed, becauſe of the reſemblance between the ſymptoms ariſing from an exceſs or defect of bile, and thoſe depending on menſtruation; together with the aggravated ſymptoms, to which thoſe who are of bilious conſtitutions are liable at the time of menſtruation. But this reaſon, like ſome of the former, would prove too much for the intended purpoſe, if it were admitted.

Among the early cultivators of anatomy, it ſeems to have been thought of great importance to decide from what veſſels the menſtruous blood was diſcharged, ſome contending that it

it was from veins *, and others ſtrenuouſly maintaining that it was from arteries †. The opinion of there being receptacles in the *uterus* for its collection is of a modern date ‡; this cannot be true, as, from the examination of the *uteri* in women, at every intermediate period, ſuch receptacles could not have been overlooked, if they had exiſted. From the appearance of the menſtruous blood in a healthy woman, and from that of the veſſels by which it is diſcharged, which evidently run in a tortuous manner during the act of menſtruation at leaſt, many have not heſitated to pronounce it arterial.

The menſtruous diſcharge has commonly been conſidered ſimply as blood, though of a different kind from the general maſs, as it has been obſerved not to coagulate ‖. All uterine diſcharges of blood, in which there were *coagula*, have therefore been diſtinguiſhed from menſtruation, and aſſigned to ſome other cauſe. Whether menſtruation ought to be eſteemed a ſecretion made in a manner ſimilar to that by other glands of the body, and does not coagulate

* Ex venis uteri patentibus, menſtruas purgationes evacuari indubitatum eſt, at quomodo fiat, et per quas potiſſimum venas, &c, ambiguum.—*Veſalius*, lib. v. cap. xv.

† Sanguis exit de corpore per dilatatas tectas arterias naturaliter, in menſtruorum excretione, in fœminis.—*Ruyſch. Epiſtola ad Boerhaavium.*

‡ Syſtem of the womb. —*Simſon.*

‖ *Haller* has quoted *Dionis* for this obſervation, but I could not find it in any part of his works.

becauſe

becauſe it is eſſentially different from blood, which I believe; whether it be a ſecretion from the *uterus* peculiar in its manner to that part, without analogy or reſemblance to that of any other part, or whether the coagulation is prevented by a mixture with the diſcharge from the mucous glands, may be proved by future obſervations and experiments.

The various opinions of menſtruation being a local or a conſtitutional diſcharge, may continue to be ſupported by thoſe who think them of conſequence. Every diſcharge is local, though its effects muſt be conſtitutional; but it does not appear that the ſymptoms of the ſuppreſſion of the *menſes* ſupply a ſtronger argument in favour of the latter opinion, than the regurgitation of bile upon the ſkin, or its diſcharge by urine, when the natural paſſage is obſtructed.

SECTION III.

NUMEROUS as the opinions have been of the efficient cauſe of menſtruation, two only have been entertained of its final cauſe; firſt, that it was deſigned to preſerve the *uterus* in a ſtate fit for conception; ſecondly, that this blood, being more in quantity than was neceſſary for the ordinary purpoſes of the conſtitution, became, during the ſtate of pregnancy, nouriſhment for the *fœtus*, without any reduction of the ſtrength of the parent.

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The firſt of theſe opinions, I believe, is not controverted; obſervation having fully proved that women who do not menſtruate from the *uterus*, or who are not in a ſtate diſpoſed to menſtruate, cannot conceive; even though they ſhould have a periodical diſcharge of blood from any other part of the body. Hence we may conclude, whether menſtruation be neceſſary for the conſtitution of a woman or not, that it is a circumſtance on which the due and healthy ſtate of the *uterus* very much depends. It has alſo been obſerved that all animals, at the time of their being ſalacious, or in a ſtate fit for the propagation of the ſpecies, have a diſcharge equivalent to menſtruation, which is generally mucous; but in ſome inſtances, in very hot ſeaſons, and climates, becomes in many of them ſanguineous, as I have often obſerved.

Of the truth of the opinion, that the menſtruous blood contributes to the formation or nutriment of the *fœtus*, there is much reaſon to doubt. The former ſeems to have been founded on the obſervation, that women who did not menſtruate could not conceive; and this, if carried to its full extent, might have led to another concluſion, that the time of menſtruation was moſt favourable to conception; which is allowed not to be juſt, there being the readieſt diſpoſition to conceive, not during, but ſoon after a period of menſtruation. As to the ſhare which the menſtruous blood might have

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in the nouriſhment of the *fœtus*, as all animals, whether menſtruating or not, ſupply their conception with nouriſhment of a proper kind, and in a ſufficient quantity to bring them to perfection, we may be permitted to conclude that it is by ſome more common principle. If there had been a gradual abatement of the diſcharge, in proportion to the increaſe of the *fœtus*, its nouriſhment might have been preſumed to be one of the final cauſes of menſtruation. But, as there is an inſtant and total ſuppreſſion of the *menſes* when a woman has conceived, they muſt either be ſuperfluous in the early, or deficient in the advanced ſtate of pregnancy.

The mucous diſcharge from the *uteri* of animals proves that they are in a ſtate favourable to the propagation of their ſpecies; and the menſtruous diſcharge is a proof of the ſame in women, as far as the *uterus* is concerned. For the reaſon of this difference we are to ſearch in the ſtructure of the *uteri* of the different claſſes of animals. The deſire of procreation exiſts in animals only at certain ſeaſons of the year: by theſe it is regulated in ſuch a manner, that the offspring will be produced at the time when they are likely to ſuffer the leaſt injury from the climate in which they are to live, ſo that it is accommodated to every climate; unleſs the genuine nature of the animal be changed by indulgent treatment, or by defect of nouriſhment. Women, on the contrary, having every month

that diſcharge which proves them capable of conceiving, propagate their ſpecies at every ſeaſon of the year, and the gratification of the attendant deſire, when enjoyed with prudence, may be eſteemed a peculiar indulgence granted by Providence to mankind.

SECTION IV.

ALL the common circumſtances attending menſtruation have been well and fully deſcribed by various authors, but as I have very often obſerved a ſubſtance expelled with the menſtrual diſcharge, which has hitherto eſcaped notice, and apprehending the knowledge of this ſubſtance may be of uſe in practice, I feel it incumbent on me to deſcribe it.

In the examination of that diſcharge, for the purpoſe of inveſtigating the ſtate of the *uterus*, and the diſcovery of ſome complaints thereon depending, a membranous ſubſtance was often ſhown me, which was uſually conſidered as the token of an early conception, or as the caſual form of coagulated blood. But on examining this ſubſtance with more attention, I conſtantly found that one ſurface had a flocky appearance, and the other a ſmooth one; that it had in all reſpects the reſemblance of that membrane, which *Ruyſch* had called the villous, of the formation of which *Harvey* has

has given a very curious deſcription, and which the late Dr. *Hunter* at length deſcribed with his uſual preciſion, and called the *decidua*. To put the matter out of doubt, ſeveral years ago I requeſted the favour of Dr. *Baillie* to examine ſome portions of this membrane; and he agreed with me in thinking it an organiſed membrane, ſimilar in ſtructure to the *decidua*. As the firſt caſes, in which this membrane was diſcharged, were thoſe of women who were married, a doubt aroſe in my mind, whether it was not really a conſequence of early conception; but I have lately had the moſt undoubted proofs that it is ſometimes diſcharged by unmarried women, and may be formed without connubial communication; and that the *uterus* has, occaſionally or conſtantly, in ſome women, the property of forming it, at, or in the interval between, the periods of the menſtrual diſcharges. It ſeems particularly neceſſary to eſtabliſh this fact, as the appearance of the membrane has more than once given riſe to erroneous opinions, and unjuſt aſperſions. Nor is this the only circumſtance, in which ſome women, at each period of menſtruation, have ſymptoms like thoſe which accompany pregnancy or parturition.

In every caſe in which this membrane has been diſcharged, the women have menſtruated with pain, and the diſcharge has flowed ſlowly and apparently with difficulty till the membrane

brane was come away, which in ſome caſes has been in ſmall flakes, and in others in pieces equal to the extent of half the cavity of the *uterus*, of which they retained the ſhape. I ſuſpect, but my experience does not enable me to decide, that this membrane is expelled in every caſe of habitual painful menſtruation.

No woman in the habit of forming this membrane has been known to conceive while that habit remained; and this obſervation leads me to ſpeak of the means, which have been uſed for making ſuch a change in the ſtate of the *uterus*, that it ſhould be diveſted of the property of forming this membrane at the time of menſtruation.

There does not appear any external peculiarity of conſtitution, or diſpoſition to any other complaint, in many of thoſe who have been liable to the formation of this membrane, which is in fact a proper office performed at an improper time. Recourſe has been generally had to preparations of quickſilver, chiefly to calomel given ſometimes as an active purge, and ſometimes in ſmall quantities continued ſo long as even to raiſe a ſlight ſalivation. Together with the calomel I have directed a large doſe of the *Tinctura Cinchonæ Ammoniata* to be given twice in the courſe of the day; the infuſion of burnt ſponge with bark; myrrh and the different preparations of iron; and the *Tunbridge* or *Spa* waters. In ſhort all the medicines which could

could have the power of altering the ſtate of the glandular ſyſtem in general, or that of the *uterus* in particular, have been tried, but not conſtantly with ſucceſs. I think I have in one inſtance known the uſe of an injection chiſly compoſed of the *Aqua Zinci Vitriolati cum Camphora* remove this complaint, by its application perhaps exciting a new and diſtinct action of the part. But this membrane not being uninterruptedly formed at each period of menſtruation, the capability of conceiving may exiſt at any interval of freedom from its formation, but whether it be gradually formed through the interval between two periods of menſtruation, or only from the time when the diſpoſition to menſtruate comes on, remains to be proved, though the latter opinion is moſt probable; and if juſt, its production might perhaps be prevented by ſuch means as would at that time abate or ſuppreſs the extraordinary action of the *uterus*. I have only farther to obſerve that this membrane has ſometimes been excluded at two or three periods after parturition and then entirely ceaſed. But this ſubject ought to be more accurately inveſtigated.

SECTION V.

It is a general opinion, that menſtruation is to women a cauſe of diſeaſes from which men are exempt; and their apprehenſions of danger are chiefly confined to the times of the firſt

appearance, and of the final ceſſation of the *menſes*. It is not however proved, that more women ſuffer at the time of puberty than men, though there may be ſome difference in their diſeaſes; nor is it decided that the very dreadful diſeaſes which ſometimes occur at the time of the final ceſſation of the *menſes*, and which moſt commonly affect the *uterus* or the breaſts, are more frequent or more dangerous than thoſe, to which men are liable at an equivalent age; though I think it is lately proved that women are more ſubject to cancer than men. Some advantage ſeems to be derived to women from their natural capability to menſtruate, eſpecially to thoſe whoſe conſtitutions or particular ſituations require diſcharges of blood for their relief; for ſuch, at all periods of life, are uſually made with great facility from the veſſels of the *uterus*: whereas, in men, theſe evacuations often happen from parts, which ſuſtain much conſequent injury. The circumſtances attending menſtruation are, however, ſometimes ſuch as to require medical aſſiſtance, and theſe I ſhall conſider in the following order; firſt, obſtruction of the *menſes*; ſecondly, exceſs of the *menſes*; thirdly, painful menſtruation: and then I ſhall ſpeak of the treatment, which may be proper at the time of the final ceſſation of the *menſes*.

By the term obſtruction is properly underſtood the defect or failure of the appearance of the *menſes* at a time of life when they might be expected; and by ſuppreſſion, a total ſtoppage of

of the menſtruous diſcharge which had before appeared*. But the terms are indiſcriminately uſed.

Theſe were generally eſteemed original diſeaſes, producing many troubleſome, and ſometimes dangerous conſequences; but the moderns have, with more propriety, conſidered them as ſymptoms of ſome diſeaſe, with which the conſtitution was primarily affected. Yet, in ſome caſes, the ſuppreſſion of the *menſes* ſeems to be an original affection, often, though not univerſally, ſucceeded by a certain train of untoward ſymptoms; for it appears, in ſome women, to be a ſimple interruption of the diſcharge, not neceſſary for the conſtitution at ſome particular times, and when the interruption happens to thoſe who are married it ſometimes gives fallacious hopes of pregnancy. The preciſe reaſon of this temporary ſuppreſſion it would be difficult to inveſtigate; but I have obſerved it to happen together with a reduction of the ſize of the breaſts, in very chaſte women, who have been under the neceſſity of living ſeparate from their huſbands.

As very different diſeaſes may become cauſes of the obſtruction or ſuppreſſion of the *menſes*,

* Chlorofis. *Cullen.* G. xlv. Dyſpepſia, vel rei non eſculentæ deſiderium, cutis pallor vel decoloratio, venæ minus plenæ, corporis tumor mollis, aſthenia, palpitatio, menſtruorum ſæpe retentio.

Amenorrhœa. *Cullen*, cix. Menſium ſupreſſio,

and as theſe may in different conſtitutions produce very oppoſite effects, it is not extraordinary that we ſhould find thoſe ſymptoms, which have been deſcribed as attendant on the ſuppreſſion of the *menſes*, ſo numerous and ſo unlike. But the two principal diſtinctions are to be made from the appearance of the patients, ſome of whom have a pale leucophlegmatic look, with every conſequence and indication of want of power and energy in the conſtitution, and a fulneſs of vapid fluids; but others have a florid complexion, with ſigns of a hectic diſpoſition. To either of theſe ſtates may be joined all the various ſymptoms, which ariſe from uterine diſturbance.

In the obſtruction of the *menſes* with a pale complexion, a variety of medicines have been given, which were ſuppoſed to poſſeſs the properties of immediately influencing the *uterus*, and of promoting the menſtruous diſcharge by ſome ſpecific operation, as for inſtance all the preparations of iron. But ſpeculative differences have been loſt in the uniformity of practice; for thoſe who have differed widely in their theories of menſtruation, and in their opinions of the operation of the medicines preſcribed have agreed as to the individual medicines which they recommended; and it was of no importance to the patient, whether the effect was produced by ſome ſpecific operation, or was ſecondary to an alteration made upon

upon the conſtitution. Every medicine which has the power of ſtrengthening or invigorating the habit, bitters, aromatics, and all the different preparations of iron, become eventually promoters of the menſtruous diſcharge. But, previous to their uſe, it will, in general, be neceſſary to give a gentle emetic and laxative medicines, for the purpoſe of freeing the conſtitution from the load of inactive fluids, and of cleanſing the *primæ viæ*, by which the operation of ſuch medicines will be rendered more effectual. Of theſe, the preparations of iron are juſtly ſuppoſed to be the moſt powerful and beſt adapted to the caſe; and they may be given in a variety of forms and quantities, alone or joined with bitters and aromatics, provided the patient has no fever. The chalybeate waters of our own country, or thoſe of *Spa*, are univerſally proper. In ſome caſes tepid bathing, or *fedilavia*, are of ſervice; and in others bathing in the ſea: and I have obſerved that the guides to the ladies continue to go into the water during the time of menſtruation, without any inconvenience.

Medicines of this claſs do not always produce the menſtruous diſcharge, or its return, though they ſcarce ever fail to improve the health. In the conſtitutions of ſome women there is an idioſyncraſy, which withſtands the effect of ſuch medicines as are generally found to anſwer certain intentions; and yet the

ſame end may be gained by ſome other medicine, in general leſs efficacious. Different preparations of quickſilver have ſometimes been given with advantage in this complaint. The root of madder has been adviſed, either in one or more large doſes, about the time when the *menſes* are expected, or to the quantity of half a dram twice or three times daily in the intervals*. Repeated but gentle emetics, which are ſuppoſed to operate, not by cleanſing the *primæ viæ* only, but by agitating and calling forth the powers of the conſtitution to more vigorous action, are ſometimes ſucceſsfully uſed. Electricity, directed to the region of the *uterus* and *ovaria*, has lately been practiſed and recommended by men of reputation; and often, I believe, with ſucceſs.

In the ſuppreſſion of the *menſes* with a pale complexion, the diet ſhould be generous, and wine may be allowed. Exerciſe of every kind is proper; but it ought not to be greater than the patient can bear without fatigue, as great exertions have ſometimes produced immediately dangerous, and even fatal effects. Such patients may often be invited by dancing or riding on horſeback, and theſe ſeem beſt adapted to their complaint, though I have lately ſeen ſome inſtances in which *ſwinging* anſwered better than any other exerciſe.

*See *Riverius*, and, before him, *Sennertus*.

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The ſuppreſſion of the *menſes* with a florid complexion is uſually combined with ſymptoms very different from thoſe, which occur when it is pale, and a method of treatment reverſe to the former is required; for the colour of the cheeks in theſe caſes is often the flush of diſeaſe, and not the glow of health. Such patients frequently have a ſlight cough, pains in the breaſt, ſome difficulty of breathing, fever, and other ſigns of a conſumptive tendency. In ſuch ſituations, inſtead of purſuing the former intention, with the view of producing or promoting the menſtruous diſcharge, we muſt regard the diſeaſe, and endeavour to give relief by repeated bleeding in ſmall quantities, by antiphlogiſtic and emollient medicines, by a vegetable diet, and by repoſe, forbidding all exerciſe but that of the moſt eaſy kind, and then the ſuppreſſion of the *menſes* may come under contemplation. The *tinctura melampodii* has been ſtrongly recommended; but the principal good which it does ſeems to be produced by its operation as a gentle laxative, its other effects being very problematical.

The *menſes* are ſometimes ſuppreſſed by ſudden expoſure to cold, or by violent exerciſe and agitation during the time they are flowing. Even in theſe cates the ſuppreſſion is ſubſequent to the attack of ſome diſeaſe; as a pleuriſy, peripneumony, acute rheuma-

tiſm, inflammation of the *uterus*, or the like; and under ſuch circumſtances the ſame treatment is to be adviſed as the particular nature of the diſeaſe may require, without regard to the *menſes* *.

SECTION VI.

THE exceſs or profuſion of the menſtruous diſcharge may be of two kinds †. It may conſiſt either in the frequency of its return, or the ſuperfluity of its quantity at each period; and the cauſes aſſigned for either of theſe are, too great fulneſs or activity, or a debilitated ſtate of the conſtitution, or the thin and acrimonious ſtate of the blood; together with external accidents. Inſtances occur in practice in which women menſtruate at each period a larger quantity than their conſtitutions are able to afford; yet thoſe caſes, which are uſually reduced under the term profuſion of the *menſes*, are very rare; what are called ſuch being either hemorrhages accompanying early abortions, or morbid or ſymptomatic

* I have been informed that, in ſuppreſſions or deviations of the *menſes*, injections *per vaginam*, in the compoſition of which there is ſome preparation of quickſilver, are of particular ſervice; but of ſuch I have not had any experience.

† Menorrhagia.—*Cullen*, G. xxxvii. Dorſi, lumborum, ventris, parturientium inſtar, dolores; menſtruorum copiolior, vel ſanguinis e vagina præter ordinem fluxus.

diſcharges

diſcharges from the *uterus*. The ſymptoms of the profuſion of the *menſes* are the ſame as thoſe which are produced by hemorrhages from any other part of the body, with ſome peculiar to affections of the *uterus*.

If there ſhould be merely too large a quantity of menſtruous diſcharge at each period, or too frequent returns, ſuch medicines and regimen as ſtrengthen the conſtitution, or amend the health, will be proper; and when theſe complaints can be ſuppoſed to ariſe from the want of a due degree of contractibility in the blood veſſels, gentle emetics, occaſionally repeated, have been of great ſervice. However, in far the greater number of caſes of this kind which occur in practice, the diſcharge ſeems to be ſymptomatic, and dependant on the general feveriſh ſtate of the patient, or that of the *uterus* in particular; ſo that at the time when the *menſes* are expected, ſhe ſhould be kept very cool and quiet, and confined to a horizontal poſition. But if aſtringent or ſtrengthening medicines be given in the firſt inſtance, they are ſo far from removing the complaint, that they increaſe it, and the diſcharge will continue as long as ſuch medicines are adminiſtered; not to mention that a difficulty of breathing, and other dangerous ſymptoms, are often produced by too haſty or too liberal a uſe of aſtringent medicines. But, if the feveriſh diſpoſition be previouſly abated by bleeding and a proper regimen, ſuch medicines

cines as were before recommended for the ſuppreſſion of the *menſes* may then be given with propriety and advantage; or any of the claſs of aſtringentes which have been before mentioned, beginning with thoſe which are gentle in their operation, and advancing gradually to thoſe which are moſt powerful. In many caſes of hemorrhage from any part of the body, the natural balſams, as that of *copaiva* or *Gilead*, or even the *oleum terebinthinæ*, given in ſmall but repeated doſes, have been found of great ſervice; moderately aſtringent injections into the *vagina* may alſo be ſafely and properly uſed. In diſcharges of blood from the *uterus*, proceeding from diſeaſes of the part, the treatment muſt depend upon the nature of the diſeaſe, of which we cannot form any juſt opinion without an examination *per vaginam*: but this is not to be propoſed, till all the uſual means have been tried, and failed to anſwer our intention *.

SECTION VII.

THE pain with which ſome women menſtruate at each period is ſufficient, from its violence and duration, to render a great part of their lives miſerable †. Healthy, robuſt

* See the Chapter on Abortion.

† Dyſmenorrhœa. *Vogel* clxx. Profluvium ſanguinis uterini menſtruum dolorificum.

women,

women, or thoſe in whom the proceſs is ſpeedily concluded, ſuffer very little at that time; the pain is therefore to be attributed to an increaſed degree of irritability in the habit, or to the difficulty with which thoſe veſſels, deſigned for the menſtruous diſcharge, become permeable. This pain, independent of the membrane before mentioned, is in general moderated, and ſometimes altogether removed, by the uſe of ſuch means as leſſen uterine irritation, or facilitate the diſcharge, and theſe muſt be ſuited to each individual caſe. Bleeding in ſmall quantities, gently purgative medicines, and opiates, of which the moſt efficacious is the *Confectio Damocratis*, repeated according to the urgency of the complaint, may be occaſionally directed with advantage. Soaking the feet in warm water, or receiving the ſteam of it upon the parts principally affected, will often do much ſervice; but no medicine of this kind gives equal relief with the warm bath, which may be uſed every evening, when the ſymptoms preceding menſtruation come on, and continued throughout the period. Electricity applied to the region of the *uterus*, previous to the expected diſcharge, has in ſome caſes afforded much benefit. Many medical writers have adviſed, and it is yet a popular cuſtom, to give medicines of that kind which have been called deobſtruent, with the view of promoting the diſcharge by quickening the action of the parts concerned; and in ſome conſtitutions

theſe

theſe may be proper. But as many medicines of this claſs diſturb and increaſe the heat of the body, they are generally found, by experience, rather to increaſe than to abate the pain, which, in ſome caſes I have thought was prevented by the daily uſe of the madder root, given without interruption for ſeveral weeks.

SECTION VIII.

At the approach of old age the *menſes* diſappear, the conſtitution of women neither requiring nor allowing a continuance of the diſcharge. It was before obſerved, that this event uſually happens about the forty-eighth year of their age, though ſome inſtances have occurred of their final ceſſation ſo early as the thirty-fifth or ſooner, and of their duration to the ſixtieth year of the woman's age, but theſe are very uncommon.

The *menſes* ſeldom diſappear ſuddenly, but, before their departure, they become irregular in their periods, or in the quantity diſcharged. Theſe irregularities are not unuſually accompanied with ſome diſturbances of the conſtitution, particularly of the *viſcera*, and thoſe complaints which are called hyſteric.

All women are alarmed at the time of the final ceſſation of the *menſes*; and are perſuaded, that the ill conſequences which ſometimes enſue are to be prevented by proper care and management.

management. But it muſt be obſerved, that ſcarce one of a great number of women ſuffers more than temporary inconvenience on that account; and it is not reaſonable to think, that any diſeaſe ſhould be a neceſſary conſequence of the ceſſation of a diſcharge, which is as perfectly natural as its appearance or continuance. But if there be a diſpoſition to diſeaſe in the conſtitution, eſpecially in the *uterus*, a more rapid progreſs is made when the *menſes* ceaſe; not moſt probably becauſe theſe give exiſtence to, or increaſe the diſeaſe by any malignant quality, but becauſe the conſtitution, or the parts diſpoſed to diſeaſe, are deprived of a local diſcharge, by which they were before relieved.

On the preſumption that the *menſes* retained became, by their malignant quality, the cauſe of diſeaſes, many medical writers have adviſed aloetic, and other ſtimulating medicines, which were ſuppoſed to poſſeſs the power of continuing the diſcharge a longer time than the natural. As the principle is not juſt, this practice is alſo in general very injurious; for I hardly recollect an inſtance, in which ſuch medicines did not evidently do miſchief, by increaſing all thoſe complaints which were imputed to, becauſe they occurred at the time of the final ceſſation of the *menſes*. But the preſent mode of practice is far more reaſonable and ſucceſsful, it being now uſual to bleed occaſionally, which

which women advanced beyond this period generally bear with leſs inconvenience than at any other time of life, and to give cooling and gently aperient medicines, avoiding every kind of medicine and diet which is heating.

It is, however, a well known fact, that the *uterus*, as well as the breaſts, is more liable to diſeaſes at the time of the final ceſſation of the *menſes* than at any other, and that theſe too frequently terminate in *ſcirrhus* or cancer, with conſequences the moſt painful and deplorable. Of cancer, beſide our deficiency in point of treatment, we have, at preſent, no idea but that it is an incurable diſeaſe, neither being able to give a tolerable definition, nor having made any diſtinctions of it, though every day's experience ſhews us many varieties; nor is it yet proved that cancer of any part has any ſpecific quality according to the ſtructure of the part affected. *We have in ſhort little idea of cancer, but that it is an incurable diſeaſe*, certainly varying in its ſeat, commencement and progreſs, and when it affects the *uterus*, beſide the general ſymptoms ariſing from irritation of the part, there is together with pain uſually, but not always, increaſing according to the progreſs of the diſeaſe, a ſerous, profuſe ſanguineous or ichorous, a ſanious or purulent diſcharge, frequently of ſuch an acrimonious quality as to excoriate every part which it may touch. All the neighbouring parts become

connected

connected together into one mass, and in some cases the bladder and *rectum* are destroyed to a considerable extent. It is scarcely possible to conceive a human being in a state of greater misery than in the advanced stage of cancer; yet little other assistance can be given, than such as is afforded by *opium* and other narcotic medicines, which have only the power of procuring an imperfect and short insensibility to the tortures caused by the disease.

For the relief of those who have suffered all the complicated evils of a cancer of the *uterus*, humanity and interest have instigated many practitioners to pay the most serious attention to this disease, with the view of discovering its cause, the means of preventing it, of retarding its progress, or some adequate remedy when it did exist; even the pretensions of empirics have been examined with candour and tried with perseverance. Of course, we have been led even according to the first accounts which medical writers have given of this disease, and indeed with little variation, to the use of a variety of medicines, from which great expectations of benefit have been entertained; as preparations of quicksilver, of iron, of lead, of antimony, and even of arsenic; all the saline preparations; sarsaparilla, bark, clivers or goose-tongue, the juice of the water-parsnip, and of a thousand other herbs; but above all, the hemlock in every form, separately or combined with other medicines; and lately of the

inspissated

inſpiſſated juice of the *hyoſcyamus*, *belladonna*, and every other medicine of that claſs, given at firſt in ſmall quantities, and then gradually increaſed according to the neceſſities of the caſe. Every medicine or application which has ever been found ſerviceable in painful and phagedenic ulcers has been tried and failed. Baths, fomentations, fumigations, and injections of every kind, have been applied with many different contrivances. Some of theſe have evidently accelerated the progreſs of the diſeaſe: and though others have afforded temporary relief, few ingenuous men will heſitate to acknowledge, that the good to be expected from any mode of treatment, or medicine hitherto diſcovered, muſt be obtained by the relief of the ſymptoms rather than the diminution or removal of the diſeaſe; and that, in its advanced ſtage, we may be happy if ſo much be in our power.

It is remarkable, that the cure of cancer affecting other parts of the body, where applications could be made with the greateſt facility and advantage, has not been attempted, when thoſe of the *uterus* have been undertaken with great confidence. This may be among the inſtances, in which the credulity of patients renders them liable to the impoſitions of empirics, who often pretend to cure a diſeaſe which never exiſted, or extol as a cure its mitigation. If it be however allowed, that this diſeaſe is incurable, and that regular practice

deſpairs

deſpairs of giving aſſiſtance, when the diſeaſe is arrived at a certain ſtate, the trials of empiriciſm, under ſome reſtrictions, may not only be permitted but encouraged, with the expectation of ſome caſual good; and if, by the expenditure of money, hope, though of ſhort duration, can be procured, the purchaſe is cheap at almoſt any rate. Upon the principle of guarding againſt the cruel effects of deſpondency, honeſt men are ſometimes obliged to equivocate, or to promiſe more than they are conſcious they are able to perform. But as by the favour of Providence, and the labours of men *, remedies have been diſcovered for many diſeaſes, which were once thought incurable, we may hope that one will at length be found for this moſt deplorable diſeaſe †.

But

* More than one caſe has occurred, of a diſeaſed lip, conſidered by very able men as cancerous, being cured by the conſtant application of a layer of the root of the common red onion. I tried a ſtrong decoction of the ſame root as an injection in a variety of uterine caſes, but without any apparent advantage.

† Many years ago, I drew up propoſals for the eſtabliſhment of a houſe for the reception of cancerous caſes only; to be under the direction of a very able phyſician, ſurgeon, and apothecary, whoſe abilities ſhould be wholly exerted for the inveſtigation of the nature of this diſeaſe, and for the examination of the effect of the medicines, which it might be prudent to try. If ſuch a houſe ſhould ever be eſtabliſhed, the medical attendants ought to receive public ſalaries, becauſe the profeſſed object would be to gain knowledge; whereas, in other hoſpitals, the principal object is to relieve

But this eagerneſs, to diſcover ſome ſpecific remedy for a cancer by methods not logically ordained, and by means not judiciouſly tried, has, in one view, been productive of miſchief. Though the eſſential nature of the cancerous *virus* is unknown, one of its firſt effects is inflammation, with its concomitant ſymptoms. Or, perhaps more properly ſpeaking according to Mr. *Hunter*, a cancer may be ultimately produced either by a long continuance of one wrong action, or by a ſucceſſion of wrong actions; ſo that if we had the power of ſuppreſſing or quieting the firſt or ſecond action, we ſhould in fact be able to prevent, though we could not cure a cancer, which may be the reſult of the whole. As the diſpoſition to inflame and to be too ſuſceptible of irritation may often be removed or ſuſpended by bleeding, proper medicines, and a very ſtrict and abſtemious diet, the part ſo diſpoſed may be kept in a quieſcent ſtate, and the progreſs of the threatened diſeaſe be ſuſpended or retarded.

the diſtreſſed, the acquiſition of knowledge being a ſecondary conſideration.

A few years ago ſome gentleman, now known to have been the late moſt benevolent and liberal Mr. *Whitbread*, who added to the merit of the donation by the concealment of his name, at the expenſe of more than three thouſand pounds formed an eſtabliſhment for this purpoſe in the *Middleſex Hoſpital*, from which I hope much good will be derived. Very lately an inſtitution has been founded profeſſedly on the principle of inveſtigating the nature and cure of cancer, but this is yet in its infancy.

For

For this purpoſe alſo, local bleedings, very frequently repeated, by ſcarification or leeches on the lower part of the back, or on the thighs, in uterine caſes, are often uſeful, even when the diſeaſe has made conſiderable progreſs; and iſſues have been found, in ſome caſes, to have done much ſervice; cooling and ſedative medicines are at the ſame time to be diligently uſed. But if theſe means of giving relief ſhould be neglected, which have indubitably been found to ſooth, to leſſen, to ſoften, and ſometimes entirely to diſſipate, inflamed, enlarged, or indurated tumours in the breaſts*, and other parts, the diſpoſitions of which were very much to be ſuſpected, and we are wholly engaged in the contemplation of an abſolute and effectual cure, when cancer is actually eſtabliſhed, it appears that we reject a leſs preſent advantage, which is generally in our power, for the purſuit of a greater, though diſtant good, which we may never obtain, as well as loſe the chance of preventing future miſchief. It muſt alſo be obſerved, that a very great number of caſes have occurred, in which thoſe ſymptoms, which commonly attend a cancer of the *uterus*, and which have been called cancerous, have come on with great rapidity and violence, yet were

* I have lately ſeen ſeveral inſtances of tumours in the breaſt of long ſtanding, and with very unfavourable appearances, diſperſed by electricity.

not really ſuch, as the patients have not only been relieved, but effectually cured, by activity and perſeverance in the antiphlogiſtic method of treatment *.

* See *Fearon* on *Cancer*, in which there are ſome good practical directions; and *Pearſon* on Cancerous Complaints, a book of very great and ſubſtantial merit, probably the beſt which has ever been written on the ſubject.

CHAPTER VI.

SECTION I.

ON CONCEPTION.

By the term conception is underſtood the formation of an *embryo*, or of the rudiments of a new being, in conſequence of the mixture of the male and female *ſemen*, or of the operation of one or both of theſe, in or after the act of coition.

It has been much diſputed, whether conception be merely an aſſemblage of ſmall particles already prepared, and conſtituent of the kind; or firſt a production or change of, and then a coaptation of particles deſigned for that purpoſe. But the firſt part of the proceſs by which primordial exiſtence is eſtabliſhed, by the minuteneſs and complication of the objects to be deſcribed, and by the retirement of the attending circumſtances, is probably involved in too much obſcurity to be diſcovered by the human faculties. Even when the firſt changes have been made, the parts remain too ſmall, to admit a very accurate examination.

But neither the difficulty of the inveſtigation, nor the acknowledged uncertainty of all reaſoning, without the ſupport of facts, has deterred ingenious and ſpeculative men, in every age, from hazarding their opinions on this ſubject. It is true, that little ſatisfaction or advantage is to be gained; but if we do not profit by the knowledge of their opinions, we may be convinced, that little has hitherto been ſaid on this ſubject for our information.

The firſt opinion recorded is, I believe, that of *Pythagoras*. He ſuppoſed, that from the brain and nerves of the male a moiſt vapour deſcended in the act of coition, from which ſimilar parts of the *embryo* were formed. Theſe were thought to be the ſeat of the ſoul, and of courſe the parts from which all the ſenſes were derived. All the groſſer parts, he imagined, were compoſed of the blood and humours contained in the *uterus*. He ſaid, that the *embryo* was formed in forty days, but that ſeven, nine, or ten months were required for the perfection of the *fœtus*, according to the laws of *harmony*. He alſo ſuppoſed, that the ſame laws, which guided the formation of the *fœtus*, influenced the conduct of the man.

It was a cuſtom with the *Scythians*, to cut the veins behind the ears, when they intended to procure impotence or ſterility; and it is remarkable, that this cuſtom remains, and an opinion like that of *Pythagoras* is entertained,

among the inhabitants of ſome of the iſlands lately diſcovered in the South Seas. Changing the term *harmony* for magic, occult quality, and the like expreſſions, by which an imperfect idea is conveyed, or a conceſſion that we have proceeded to the extent of our knowledge is actually made, many ſucceeding writers have given us their conjectures.

Empedocles preſumed, that ſome parts of an *embryo* were contained in the *ſemen* of the male, and others in that of the female, and that by their mixture an *embryo* was formed. He likewiſe thought, that the deſire of procreation originated in the natural tendency of the ſeparated parts to be united.

That conception took place in the cavity of the *uterus*, by the mixture of due proportions of the male and female *ſemen*, in which were equally contained the organic principles of the *embryo*, was the opinion of *Hippocrates*.

Ariſtotle denied the exiſtence of *ſemen* in the female. He imagined, that the material parts of the *embryo* were formed by the menſtruous blood, and that the *ſemen* of the male furniſhed it, when formed, with the principle of life, by the operation of which it was brought to perfection. It is remarkable, that a philoſopher, with every advantage which a ſuperior capacity, and the moſt extenſive opportunities of acquiring knowledge, could give, ſhould attempt to explain, what is common to all animals, by a circumſtance peculiar to one claſs.

Galen thought that the *embryo* was formed by the ſubſtance of the male *ſemen*, and that the humour ſupplied by the female ſerved the mere purpoſe of nouriſhing it.

Harvey employed a conſiderable part of his life in obſerving the ſtructure of the *ovum*, and the progreſs of conception in a variety of animals. When he had completed his diſcovery of the circulation of the blood, this ſeems to have been his favourite ſtudy, which he proſecuted with the true ſpirit of inquiry, and in which he made many obſervations, worthy of that ſagacity and induſtry which were never exceeded. With his diſpoſition, abilities, and advantages, it was reaſonable to expect, that he would have been ſilent, or have ſaid ſomething ſatisfactory upon this ſubject. But after much previous apology, for an opinion which admitted no other proof, than an alluſion to a circumſtance of all others the moſt incomprehenſible, he tells us, that as iron, by friction with a magnet, becomes poſſeſſed of magnetic properties, ſo the *uterus*, by the act of coition, acquires a plaſtic power of conceiving an *embryo*, in a manner ſimilar to that by which the brain is capable of apprehending and thinking *.

* Videtur hæc fœmina, poſt tactum in coitu ſpermaticum, eodem modo affici, nulloque ſenſibili corporeo agente prolifica fieri, quo ferrum a magnete tactum, hujus ſtatim vi dotatur, aliaque ferramenta ad ſe allicit.—*Harv.* Exercit. de Concept.

The

The opinion of *Hamme*, of the credit of which he appears to have been unfairly deprived by *Leuwenhoeck*, was afterwards received with great applauſe, became the doctrine of the ſchools, and gave univerſal ſatisfaction, becauſe it was ſupported by a fact, which, by the help of his microſcopes, he preſumed he was able to demonſtrate. He aſſerted, that, in the *ſemen* of all male animals, there was an infinite number of *animalculæ*, in each of which were contained the perfect rudiments of a future animal of the ſame kind; and that theſe required no other aſſiſtance from the female, but a proper bed for their habitation, and nutriment for their expanſion.

From him *Needham* and many others diſſented; and, after ſeveral other objections of leſs importance, they adduced the obſervation of a mixed generation, as in the caſe of a hybrid or mule; which, being procreated by two animals of different ſpecies, partakes in an equal degree of the nature and likeneſs of the male and female parent. This ſeems to be a deciſive and unanſwerable refutation of the doctrine of *animalculæ*, and I believe the ſentiments entertained at the preſent time are, that the moving bodies, which *Leuwenhoeck* ſaw in the *ſemen* were not *animalculæ* or organized parts, but parts fitted for organization.

From the manner in which the *vagina* and *uterus* are connected, it has been thought, that the male *ſemen* was not deſigned to be introduced

duced into the *uterus* of the female; but being abſorbed from the *vagina*, that it paſſed in the common courſe of the circulating blood, and was conducted to one of the *ovaria*, where it performed its proper office by the impregnation of one or more *ova*. But the examination of the *uteri* of animals in the act of coition, and even of many women who have died immediately in, or ſoon after it, has fully proved, that the *ſemen* of the male is firſt received into the cavity of the *uterus* *.

It has been generally ſuppoſed, that conception was produced by the ſubſtance of the male *ſemen*. But ſome have contended, that the *ovum*, when encloſed in the *ovarium*, was impregnated by an *aura*, exhaled from the *ſemen*, which contained the principle and powers of life, of which *aura* the *ſemen* was merely the vehicle.

Many objections being made to theſe and every other opinion which has been advanced upon this ſubject, the chemiſts undertook to ſolve all doubts, and to explain all difficulties, by the application of their principles. They preſumed, that the male *ſemen* was of an acid, and the female of an alkaline quality, from the mixture of which an effervescence aroſe. From

* Vidimus cavum uteri, albo, naturali atque bono ſemine maſculino repletum, utramque etiam tubam Fallopianam eodem ſemine plenam.—*Ruyſch*. Adv. Anatom. Dec. 1. See alſo *Cheſelden's* Anatomy.

ſome

ſome particles, which ſubſided on the concluſion of the effervescence, they fancied that the *embryo* was formed, the fluid parts becoming the waters of the *ovum*. Others imagined, that the male *ſemen* had the properties of milk, and the female thoſe of rennet, by which it was coagulated, the *fœtus* being formed from the curd, and the waters of the *ovum* by thoſe parts which reſembled whey*. Various other notions have been propoſed with a view of explaining this very abſtruſe operation; but they leave us in a ſtate of uncertainty. Some of them may amuſe, becauſe they are ludicrous; and in the deſcription of the parts concerned, the uſes they are intended to anſwer, and the manner in which they are ſuppoſed to perform their reſpective offices, the imagination hath been indulged with a freedom not very conſiſtent with the dignity of Philoſophy.

If we were able to diſcover the eſſential properties of the male *ſemen*, the preciſe ſhare which the male and female contribute towards the formation of the *embryo*, the part where, and the manner how, the effect was produced, the advantages which would thence accrue in practice do not appear; though it is difficult or impoſſible to ſay, to what the diſcovery of

* Sicut lac mulſiſti me, et ſicut caſeum coagulaſti me.—*Job.*

Revera in illo tempore, cum embryones adeo exigui ſunt, comperio rudimenta noſtra, maximam habere analogiam cum coagulo lactis.—*Ruyſch.* Theſ. vi.

any

any truth may lead, before it is diſcovered. But it is happy for us, that thoſe things which are beyond the comprehenſion, or which elude the obſervation of men of plain underſtandings, are of the leaſt importance in practice; Providence having ordained, that the honeſt and induſtrious application of common capacities ſhould render us equal to the exigencies of life, and the duties we owe to ſociety.

SECTION II.

A GENERAL hiſtory of the manner in which the ſucceſſion of all natural ſubſtances is preſerved, and of which we ſhall take a ſhort view, might be a very uſeful introduction to an inquiry into the generation of animals. For, though there appears to be little reſemblance between this and the principle by which inanimate bodies are continued, it is not very unreaſonable to ſuppoſe, that there may be ſome common eſſential quality diffuſed through all nature, limited in its operation by the kind of matter on which it is deſtined to operate *.

Minerals conſtitute the loweſt order of all natural bodies, every kind of which has its own

* Naturalia dividuntur in regna Naturæ tria, Lapideum, Vegetabile, Animale.

Lapides creſcunt, Vegetabilia creſcunt et vivunt, Animalia creſcunt, vivunt et ſentiunt.—*Linnæus.*

peculiar

peculiar quality and external mark of diſtinction. Theſe have been thought to be increaſed by the mere aſſimilation or appoſition of ſuch homogeneous particles as were contained in the *matrix* or bed in which they lay. But many other cauſes have been aſſigned for the converſion of bodies into peculiar modifications; as the heat of the ſun, of the central fire, cold, and alternate heat and cold, by which the ultimate determination of every mineral ſubſtance into a certain form was ſuppoſed to be effected. Some naturaliſts have entertained more dignified opinions of the increaſe of minerals, believing that there was in theſe a germe or principle of generation, and that a grain of ſand became a ſtone, by the operation of a cauſe, equal and ſimilar to that by which a vegetable, from a ſeed, acquired the perfection of a plant*. Others are perſuaded, that in mineral ſubſtances of every kind there are two properties, the one ſpecific, the other general. To the firſt, to which the power of increaſe was attributed, the name of elective attraction is given; and to the latter, by which its form was preſerved, that of attraction of coheſion†. Theſe, which are moſt powerful in the largeſt maſſes of matter, imply ſome property ſuperadded to matter,

* *Tournefort.*

† That force by which the parts of bodies cohere is ſtronger than its gravity. That force, whatever be its cauſe, we ſhall call the attraction of coheſion.—*Deſaguliers.*

which,

which, though ſlow and obſcure in its operation, is equivalent for the purpoſes of its increaſe and preſervation, in all its various forms, with that of life, by which vegetables and animals are propagated and preſerved. In this view the term *ſpontaneous generation*, though not allowed in vegetables or animals, may properly be applied to minerals. It is alſo worthy of obſervation, that by the time required for the formation of matter, under every individual modification, its continuance under ſuch modification is regulated. For, if there had been no relation between the power of increaſe and the tendency to decay, the whole world, in a courſe of years, muſt have been compoſed of matter under one peculiar form.

Through all nature there is not found a ſingle body which conſiſts of materials lying in confuſion. However ſmall and apparently inſignificant, every particle exhibits proofs of the majeſty and wiſdom of God; and it may be preſumed, that the minuteſt elementary parts of every ſubſtance are originally compoſed and wrought up in the moſt regular order, into what is called form. Yet in mineral ſubſtances it is a form ſo immerged in matter, that it is ever reſtrained from the acquiſition of the excellence of a living body, unleſs there be a previous deſtruction of its preſent form *. But the more refined

* That ſtate in which all bodies are, during the time they re

refined the matter, the more perfect is the form; and the more perfect the form, the more exquisite are the properties. Hence the common observation seems to have been made of the encroachment, as it may be called, of one order of natural bodies upon another; of the near accession of the first minerals to the lowest vegetables, and of the first vegetables to the lowest animals, in such a manner that they can scarcely be distinguished.

Of the mineral, vegetable, and animal kingdoms, there is to common sense a clear and precise distinction, though language may be insufficient to give a definition of vegetables, which will not apply to animals. It is not satisfactory to say, that vegetables have no power of locomotion, that they have less variety of parts, that their constituent parts are more simple, that they do not breathe, that they have no appetites, and do not digest food; that they have no sensation, and are only injured by such things as destroy their organization. For it may be replied, that vegetables do perform some operation equivalent to respiration, as they cannot live without air; that they are greatly affected by light; that they

are losing their present form, or undergoing any change, was by the ancients called fermentation. In this sense the term was applied to fevers; but many modern physicians have used the same term in a more confined sense, and the application of it will not then bear examination.

require,

require, ſelect, abſorb, and digeſt food, or nouriſhment; that ſome of them move, apparently in ſearch of nouriſhment, and others have a certain degree and kind of ſenſation.

Whatever may be the eſſential difference between vegetables and animals, it is probable, that they are both in ſome degree ſubject to the ſame influences; as in thoſe ſeaſons which are moſt favourable to vegetation, animals are generated in the greateſt number and perfection; and there is evidently much reſemblance in the manner of their propagation. The ſexual diſtinction of plants is now fully proved; or it is allowed, that there is a diſtinction between two plants of the ſame kind, like to that between a male and female animal; and that thoſe vegetables, in which ſuch diſtinction is not obſerved, have both the male and female parts, and are therefore with propriety called hermaphrodites. For, though a female plant may produce ſeeds, to our view, in a perfect ſtate, theſe, without the intervention of the fecundating principle from the male plant, remain ſteril, as hath been fully ſhown in the tribe of melons, the palm-tree, hemp, and many other vegetables. But a more ſatisfactory proof is afforded by hybrids, or mule-plants, which are produced when a female vegetable of one ſpecies hath had its ſeeds impregnated by the *farina* of one of another ſpecies growing near it.

In

In the form and ſtructure of the ſeeds of vegetables of every denomination there is ſome peculiarity. They all contain the rudiments of a future plant, with ſomething added to their form, of equal efficacy for the perfection of the plant, and therefore as juſtly called life, as that principle by which animals are brought to their perfection; for we know nothing of life but by its effects, the *thing* not admitting of any definition. Any ſeed, berry, or kernel, would be an adequate example of this ſubject; but we ſhall ſelect nuts, becauſe they are equally curious with the reſt, and more familiar.

A nut is contained in a foliaceous cup or huſk, by the ſtem of which it is connected to the tree. The broad end of the nut is cloſely attached to the cup by ſmall veſſels, which, in the early ſtate of the nut, are very numerous; but, as it advanceth towards maturity, theſe gradually wither away, till the few remaining ones becoming too feeble to ſupport the nut, it drops to the ground. This may in one ſenſe be called the birth of the nut, though it may with more propriety be likened to the ſeparation of the impregnated *ovum* from the *ovarium* in viviparous animals, or to the expulſion of the egg in oviparous ones. When the nut is fallen to the ground, if the bed which receives it and other circumſtances are favourable to germination, a new proceſs begins, the ſhell ſoften-

ing by the moiſture abſorbed by that end of the nut which before adhered to the cup, and which is more porous than the other parts. The whole internal ſurface of the ſhell is lined with a flocculent ſubſtance for the prevention of injury to the kernel from the hardneſs of the ſhell, and for the reſerve and preparation of the moiſture already abſorbed. The kernel has alſo two membranes, the inner of which is fine and pellucid, but the outer is of a coarſer texture, reſembling that ſubſtance which lines the ſhell. On the internal ſurface of the broad end of the ſhell there is a congeries of veſſels, or a ligament, which paſſes between the kernel and ſhell to the *apex* of the kernel, to which it is attached, and probably ſerves the purpoſe of an umbilical cord. When the ſhell has continued in this ſituation for a certain time, it decays or burſts, and gives room for the expanſion of the kernel. During this interval, the proceſs of germination is going on in the kernel, which is not deprived of its coverings, ſo long as they are neceſſary for its protection. The *corculum*, or bud, begins to ſprout; the outer membranes decay or burſt, and, together with a great part of the kernel, ſerve as the firſt ſupply of nouriſhment. Then the radical and other parts of the little plant are unfolded; and when they have acquired a certain degree of ſtrength, the kernel is diveſted of all its ſubſervient parts, the root ſtrikes into the ground, and

the

the plant is perfected by the vigour of its own principle.

Between the production of vegetables from ſlips, and the multiplication of *polypi* from the ſection of their parts, there is at leaſt an equal ſimilitude with the mode of propagation of which we have already ſpoken. It is alſo deſerving of notice, that, as the operation of the principle of life is often ſuſpended for a very long time in the ſeeds of vegetables, without deſtruction, in very unfavourable circumſtances, the ſame hath been obſerved in inferior animals, particularly in ſnails *; though, in this reſpect, vegetables appear to have the advantage; and from the proofs which have been given, by philoſophical men, of this ſuſpenſion of the operation of the principle of life, divines have, by no forced conſtruction, illuſtrated the doctrine of the reſurrection of the human body after its decay †.

SECTION III.

Of the mode of propagation of all the inferior orders of animals, diverſified and wonderfully curious as it is, particularly in the *Surinam*

* *Annual Regiſter*, vol. xvii.

† See *Philoſophical Tranſactions* for the year 1784, in which there is a very curious paper on this ſubject by Mr. *John Hunter*, by which that doctrine is ſupported.

toad and the *kangaroo*, it is impoſſible to take notice. The greater part of theſe are oviparous, and it has even been aſſerted, that every living body was produced from an egg; but this is a very unjuſtifiable uſe of the term *.

It is probable, that the eggs, properly ſo called, of all animals, minute as many of them are, are compoſed of ſimilar parts with thoſe of the larger oviparous animals. We may therefore be permitted to take our example from the eggs of birds, in which all the circumſtances relating to the formation of the animal have been well deſcribed by many able men, but with peculiar accuracy by the illuſtrious *Harvey*.

The eggs of birds are compoſed of two principal parts, which, from their colour, are called the yelk and the white. The yelks only are found in the *ovarium*, to which they are attached, and where, it is preſumed, ſuch as are in a fit ſtate are impregnated. They are of different degrees of magnitude, and that which is the moſt perfect firſt drops into the *infundibulum*, by which it is carried into the *uterus*, collecting in its paſſage the white. In the

* Diximus antehac ovum eſſe tanquam fructum animalium. *Harv.* Exercitat. de Partu, and the plate prefixed to the Engliſh Edition.

In omni genere animantium quæ ex coitione naſcuntur, invenies ovum aliquorum eſſe principium, inſtar elementi. Ovum vero digeſtio eſt feminis.—*Macrob. Saturnal.* Lib. vii, chap. xiv.

uterus

uterus it is clothed with its membranes and ſhell, after which it is expelled in a firm ſtate *.

The texture of the ſhell is admirably calculated for preſerving the contained parts, and for receiving and retaining that heat, which is conveyed to them by incubation. Immediately within the ſhell is the common membrane, which lines the whole cavity of the egg, except at the broad end, where there is a ſmall ſpace filled with air. Within this membrane, the white, which is ſaid to be of two kinds, is immediately contained; and near the centre, in an exquiſitely fine membrane, the yelk. The white is of the ſame form with the ſhell, but the yelk is ſpherical. At each extremity of the yelk, next to the ends of the egg, is the *chalaza*, a white firm body, conſiſting of three globules like ſmall hail-ſtones. In the *chalaza* the ſeveral membranes are connected, by which means the various parts, in every poſition of the egg, are retained in their proper place. Upon the yelk, near the middle, there is a ſmall, flat, circular body or veſicle, called the *cicatricula*, in which the rudiments of the chick are contained. In conſequence of incubation, or of continued heat of any kind to a certain degree,

* I cannot forbear quoting the following beautiful paſſage from *Harvey*.—"Columba, præſertim ea, quæ ad nos ex Africa advehitur, gaudium a coitu mirum in modum exprimit: ſaltat, caudam diſtendit, eaque imam verrit humum, roſtro ſe pectit et ornat; quaſi fœcunditatis donum ſummam in gloriam duceret."—Exercitat. xxxiv.

the reſpective changes are produced with great exactneſs; but, previous to any organization of parts, the firſt obſervable alteration of importance is the formation of blood, which *Harvey* has therefore deſcribed as the *primum vivens, ultimum moriens.* The heart, which is ſoon perceptible, is in a ſhort time diſcovered to be in motion, then the vaſcular ſyſtem, and the other conſtituent parts of the animal in regular order. The white of the egg becoming thinner, ſupplies the growing chick with nouriſhment, as does likewiſe the yelk, till it is of too large a ſize to be contained in the ſhell, which burſting, the chick is ſet at liberty, and carries in the *ductus inteſtinalis* a part of the yelk for its future ſuſtenance, till its powers are ſufficiently vigorous, to enable it to take and digeſt extraneous food.

SECTION IV.

THE regular diſpoſition and connexion of the various parts of matter of which the world is compoſed, and of the various living bodies by which it is inhabited, are not more ſurpriſing than the circumſtances by which they are diſtinguiſhed. For, though there is an evident ſeries of relations by which their connexion is preſerved, to each different being there is ſome outward mark or inward ſtructure, by which it is ſeparated from thoſe which precede and follow

low it. Thus in every order of animals there is obſerved a difference in the ſtructure of the parts concerned in parturition, and in the *ovum* or conception which they ſeverally produce, by which each claſs might be arranged as juſtly, as by the ſtructure of any other internal or external part. The human *uterus* alone is pyriform, and the *placenta*, which is flat and circular, adheres to it by a broad ſurface. But all animals have the *uterus* divided at the *fundus* into two branches, or horns; and the gradation from the human *uterus*, to that of an animal, debaſed to the loweſt extremity of the viviparous claſs, makes a curious part of natural hiſtory. In the *pecora* the horns are convoluted, and terminated in a point, and the connecting ſubſtance between the *fœtus* and parent is divided into ſeveral portions called *cotyledons*, which adhere to as many temporary productions of the *uterus*, reſembling glands. In the *feræ*, there is a variation in the horns of the *uterus*, and the connecting ſubſtance between this and the *fœtus*, though in one maſs, ſurrounds the *uterus* like an internal belt. In the *belluæ*, the horns of the *uterus* are reflected and obtuſe, and the *fœtus* has neither *placenta* nor *cotyledons*, but receives its nouriſhment by the very capacious veſſels of the membranes. Theſe and many other varieties in every claſs, to which it is not poſſible in this inquiry to pay attention, anſwer ſome very important

purpoſe, in giving to each animal its diſtinguiſhing properties; and in the offices performed there is ſome peculiarity in manner, dependent upon ſtructure; ſo that from the circumſtances attending the parturition of animals of one kind, no inferences could be made, which would not be liable to many exceptions, if we compared them with thoſe of any other.

SECTION V.

Of all viviparous animals man is the chief. The manner in which his race is propagated is the object to which we are at preſent to confine our attention. But that ſucceſſion of opportunities neceſſary for ſuch an examination not being attainable in the human ſpecies, recourſe hath been had to inferior animals, on the preſumption, that there is not only a common principle by which viviparous animals are propagated, but alſo that common effects are produced by the operation of that principle. Great attention hath been paid to the cultivation of this ſubject; but in the detail of the circumſtances, which are ſaid to occur in the conception or production of the human *fœtus*, ſeveral are admitted which it would be extremely difficult to demonſtrate or prove.

Previous to or during the act of coition, it is preſumed, that one or more of the veſicles, or

ova,

ova, contained in the *ovaria*, is brought to a ſtate fit for impregnation, and that the male *ſemen*, being tranſmitted into the cavity of the *uterus*, is thence conducted by one of the *fallopian* tubes to one of the *ovaria*, where it perfects the rudiments of the *fœtus*, or impreſſes them already perfected with the principle of life. The prolific *ovum*, having undergone its firſt changes in the *ovarium*, is then looſened from its connexion, graſped by the *fimbriæ*, and reconveyed by one of the *fallopian* tubes to the cavity of the *uterus*.

When the *ovum* is impregnated, and while it remains in the *ovarium*, the *uterus* paſſes through ſome peculiar changes, by which it is rendered fit for the reception of the *ovum*. The blood veſſels of the *uterus* then appear to be enlarged, as in a ſlight degree of inflammation; the internal ſurface becomes ſofter and more ſpongy in its texture; and a white *mucus*, which has been likened, from the delicacy of its arrangement, to the web of a ſpider, is ſecreted; which gradually aſſuming a more ſolid form and becoming vaſcular, adheres or is cloſely united to the *uterus*, to the whole cavity of which it forms a lining, except at the orifices which lead to the *fallopian* tubes and the *os uteri* *.

To this membrane various names have been given, and various opinions entertained of its

* See *Harv.* Exercitat. ſexageſima nona.

formation.

formation *. A juſtly celebrated anatomiſt of the preſent time, in whoſe accuracy and judgment I ſhould willingly confide, has conſidered it as the inner *lamina* of the *uterus*, caſt off, like the *exuviæ* of ſome animals, after every conception, and has, from this circumſtance, called it the *decidua*; and from the manner of its paſſing over the *ovum*, the *decidua reflexa* †. It is, however, unneceſſary to debate upon the manner in which this membrane is formed, all writers upon this ſubject agreeing that its formation is contemporary with conception; and that it precedes the time when the impregnated *ovum* paſſes from the *ovarium* into the *uterus*, as is found in the caſe of an extrauterine *fœtus*. It may, therefore, be deemed an indiſpenſably requiſite preparation of the *uterus*, for the reception of the *ovum*, and the ſubſtance by which this is afterwards connected to the *uterus*; ſo that if it were to receive a name from its uſe, it would not be improper to call it the connecting membrane of the *ovum* ‡.

* Villoſam, floccolentam, pſeudochorion, *ſpongy* chorion.

† Anatomia Uteri Humani Gravidi Tabulis Illuſtrata.—*Gul. Hunter.*

‡ Of the formation of this membrane *Harvey* has given the following very curious account:—Per mediam utriuſque cornu atque etiam uteri cavitatem, mucoſa quædam filamenta, tanquam aranearum telæ, ab ultimo ſive ſuperiore cornuum angulo ducuntur; quæ ſimul juncta membranoſam ac mucilaginoſam tunicam, ſive manticam vacuam referunt. *Harv.* Exercitatio ſexageſima nona.

SECTION

SECTION VI.

THE contents of the human gravid *uterus* are compriſed under the general term *ovum*, or conception, of which the component parts are, the *fœtus*, the *funis umbilicalis*, the *placenta*, the membranes, and the waters. Of theſe it is reaſonable to think, that the *fœtus* is the only part immediately formed in conſequence of the act of coition, and that the reſt are previous or ſubſequent productions of the *ovarium* or *uterus*.

It has been thought that ſome of the parts of the *fœtus* were formed before the reſt, and much labour hath been beſtowed in aſcertaining the order of their formation*. But as the ſkin of the ſmalleſt *embryo* which can be examined is perfect, it may be preſumed, that what has been called addition or coaptation of parts, is, in fact, nothing more than the expanſion or unfolding of parts already formed. Of this we have a curious example in the deſcent of the teſticles into the *ſcrotum*, which happens only a few weeks before the birth of the child, though their prior exiſtence in the *abdomen* is not to be doubted. This opinion is likewiſe illuſtrated by the ſeeds of plants, which muſt contain all the primordial parts of the plants, when they are firſt depoſited in the ground, from which they can draw only the means of nouriſhment and increaſe.

Much induſtry hath likewiſe been uſed to de-

* Embryones dicendi ſunt, quando membra non ſunt abſoluta.—*Ruyſch.*

termine

termine the weight, length, and dimenſions of the *fœtus*, at different periods of uterogeſtation. The utility of this inquiry, if the truth could be diſcovered, does not appear. But as children born of different parents, or thoſe born of the ſame parents, at the ſame or different births, vary at all periods of pregnancy, it is reaſonable to believe, that there is an original difference in their ſize and in other reſpects. Many of the varieties may alſo depend upon the ſtate of the health either of the parent or child before its birth, ſo that it ſeems impoſſible to bring this matter to a fair concluſion.

During the continuance of the *fœtus* in the *uterus*, its internal ſtructure is, in many reſpects, different from that of a child which has breathed; and the external figure of a child is very unlike that of an adult, in the proportions which the various parts bear to each other. Of thoſe peculiarities, which give a diſpoſition to particular diſeaſes, we ſhall ſpeak in another place.

From the time when the *fœtus* is completely formed the head is large, if compared with the body and extremities; and the younger the *fœtus* is, the greater is the diſproportion. The ſuperior weight of the head is ſuppoſed to be the cauſe of its general preſentation at the time of birth; but there muſt be ſome other reaſon; for the ſame preſentation is equally common in quadrupeds, in which the extraordinary weight of the head, if it exiſted, could not produce this effect.

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The principal circumſtances in which the *fœtus* and adult vary, are in the vaſcular ſyſtem. In the heart of the former a communication is preſerved between the right and left auricle, by an opening called the *foramen ovale*, which cloſes ſoon after birth. But a valve prevents the return of the blood from the left to the right auricle*. There is alſo a communicating artery, between the pulmonary artery and the *aorta*, which is called the *canalis arterioſus*, and may be eſteemed a branch of the pulmonary artery. This branch, which diverts immediately to the *aorta* a large portion of that blood, which circulates in the lungs when the child has breathed, cloſes likewiſe ſoon after birth. In amphibious animals, the *foramen ovale*, and *canalis arterioſus*, are ſaid to remain open during life.

The liver in the *fœtus* is very large, nearly filling up both the *hypochondria*, and it has veſſels peculiar to that ſtate: firſt, the *vena umbilicalis*, which ariſes from the *placenta*, and, running through the *funis*, enters the *abdomen* of the child, and paſſes to the liver, which it penetrates on the inferior edge, terminating in the *ſinus* of the *vena portarum*. This likewiſe cloſes ſoon after birth, and, with the aſſiſtance of the *peritonæum*, becomes a ligament called the falciform. Secondly, the *canalis venoſus*, which, proceeding from the *ſinus* of the *vena*

* See *Medical Tranſactions*, Vol. III, in which the imperfections in the conſtruction of the heart, with their conſequences, are very accurately deſcribed.

portarum,

portarum, paſſes acroſs the liver to the hepatic vein, and thence to the *vena cava*. The *canalis venoſus* is ſmaller than the *vena umbilicalis*, and only carries a portion of the blood brought by the latter to the liver.

The internal iliac arteries are very large in the *fœtus* in proportion to the external. From theſe, two branches ariſe, which running on each ſide of the bladder and the ſides of the *abdomen*, paſs out of the navel of the *fœtus*, and form the two arteries of the *funis*, which, cloſing ſoon after birth, become impervious, as far as to the bladder.

Theſe peculiarities in the vaſcular ſyſtem of the *fœtus* are provided, to allow of that mode of circulation of the blood, which is calculated for the life which it poſſeſſeth, during its reſidence in the *uterus*. When the blood is brought by the *vena cava* into the right auricle of the heart, part of it paſſes by the *foramen ovale* into the left, and of courſe a ſmaller portion into the right ventricle. When the blood, thus diminiſhed, is propelled by the action of the heart from the right ventricle into the pulmonary artery, a farther portion of it is conducted by the *canalis arterioſus* directly to the *aorta*. It has been conjectured, that about the fourth part of the blood which circulates through the lungs of a child which breathes, paſſed through them while it remained *in utero*.

The two branches of the internal iliacs, which afford the arteries of the *funis*, conduct a great portion

portion of that blood, which flows through the *aorta*, by the *funis* to the *placenta*; but when the child is born, that blood, which circulated through them, paſſes by the external iliacs to the inferior extremities, which therefore increaſe more ſpeedily after birth than any other part.

The blood brought by the vein of the *funis* from the *placenta* is carried to the *ſinus* of the *vena portarum*, from which it proceeds to the hepatic vein, and then to the *vena cava*.

The *thorax* is flatter and narrower in the *fœtus*, than in a child which has breathed, becauſe it has not been expanded by the inflation of the lungs, which are then of a more compact and firm texture. This ſtate of the lungs, which renders them heavier than water, is eſteemed a proof that the child has not breathed; but when the lungs are found to be lighter than water, which is diſcovered by their floating on the ſurface when put into that fluid, it is ſuppoſed to be an equally ſtrong proof that the child had breathed. Theſe circumſtances of the lungs were formerly produced in evidence in courts of judicature, and inferences of the utmoſt importance to the acquittal or condemnation of a preſumed innocent or guilty perſon have been made from them. But it is well known, that the lungs of a child which has lived many months, or even of an adult, may be rendered heavier than water by diſeaſe; and the lungs of a child which has never breathed will become lighter than water by putrefaction;

putrefaction; or if they have been inflated artificially, with the view of recovering a child born apparently dead. It is alſo to be obſerved, that ſome children juſt born will breathe two or three times, and then die, though every care be taken, and all proper means uſed for their recovery; yet the lungs will become lighter than water by this reſpiration, though of ſuch ſhort continuance. The appearance and ſtate of the lungs may be altered by ſo many circumſtances, that a judicious or an honeſt man would heſitate to put confidence in any opinion, which they have been ſuppoſed to prove; and accordingly juries are now, and have long been, directed to pay little regard to this kind of evidence. But when the murder of an infant by its mother can be clearly and poſitively proved, it deſerves to be ſeriouſly conſidered, on what principle extraordinary lenity ought to be ſhown to one, who, in the firſt inſtance, breaking through the ſtrongeſt ties and reſtraints of human ſociety, afterward commits an irretrievable injury by the deſtruction of an innocent and helpleſs child, with the moſt powerful claims of nature to her protection and love, merely for the preſervation of her own character.

This crime of deſtroying, or omitting the neceſſary means for preſerving the lives of infants, formerly admitted only of capital puniſhment or acquittal by our laws. But lately Lord Chief Juſtice *Ellenborough* has

with great humanity and diſtinguiſhed knowledge, procured an act of the Legiſlature, in which the puniſhment is allowed to be modified, and by this many evils both political and moral may be prevented or corrected.

SECTION VII.

THE *funis umbilicalis* is that cord, which, paſſing from the *abdomen* of the child to the *placenta*, maintains the communication between the *fœtus* and *placenta*. In quadrupeds the *funis* conſiſts of two arteries and two veins, but in the human ſpecies it is compoſed of two arteries and one vein, the ſpace between which is filled up with a gelatinous *mucus* contained in cells, which prevents any obſtruction to the circulation of the blood from accidental compreſſion, or even when a knot is caſually made in it by the irregular changes of the poſition of the child. The *funis* is covered by the *amnion* or inner membrane of the *ovum*, and the vein is of a ſufficient ſize to reconduct to the *fœtus* the whole or an equal quantity of blood, to that which is conveyed by the two arteries from it to the *placenta*. The arteries very often twiſt round the vein in a very curious and beautiful manner; ſometimes they run in a paralel ine with the vein; and in ſome inſtances the arteries are contorted in ſuch a manner as to make, upon the *funis*, one or more large tumours, or bunches, reſembling excreſcences.

When the *embryo* can firſt be perceived, it is found adhering to what afterwards becomes the *placenta*, by a cloſe connexion of the *abdomen*. In a ſhort time the uniting part is elongated into a flat and then a conical form, and ſoon becomes a regular umbilical cord, the length and thickneſs of which are generally in proportion to the ſize of the *fœtus*; though every part of the *ovum* is larger according to the ſize of the *fœtus* in early than advanced pregnancy, when they are inverted. The *funis* ſeems to be a production of the *placenta*; for, immediately after the birth of the child, there is a line which diſtinguiſhes the fœtal part, where the ſpontaneous ſeparation is afterwards made.

In the thickneſs of the *funis*, which depends upon the quantity of *mucus* contained in the cells more than upon the ſize of the veſſels, there is much variety in different ſubjects; and in its length, it being in ſome not more than one foot, and in others exceeding three, four, or even ſix feet; but it is moſt frequently about two feet in length. It is thickeſt near the *abdomen* of the child, and gradually becomes more ſlender as it approaches to the *placenta*, into which it is uſually inſerted about one third from the edge. But there is much difference in this reſpect alſo, and in ſome inſtances the blood veſſels ramify before they reach the *placenta*, and when this happens it may occaſion a difficulty in the extraction, or a ſeparation of the *funis*, even when little force is exerted.

SECTION

SECTION VIII.

THE *placenta* is a circular, flat, vaſcular, and apparently fleſhy ſubſtance, about ſix inches in its diameter, varying in different ſubjects*, and extending over about one fourth part of the ſhell or outſide of the *ovum*. It is more than one inch in thickneſs in the middle, and becomes gradually thinner towards the circumference, from which the membranes are continued. The *placenta* is the principal medium by which the communication between the parent and child is preſerved; but, though all have allowed the importance of the office which it performs, there has been a variety of opinions on the nature of that office, and of the manner in which it is executed.

That ſurface of the *placenta*, which is attached to the *uterus* by the intervention of the connecting membrane, is lobulated and convex; but the other, which is covered with the *amnion* and *chorion*, is concave and ſmooth, except the little eminences made by the blood veſſels. It is ſeldom found attached to the ſame part of the *uterus* in two ſucceſſive births; and, though it moſt frequently adheres to the anterior part,

* In quibuſdam placenta reperitur craſſior, amplior, et ſanguine abundantior.—*Harv.*

it is occaſionally fixed to any other, even to the *os uteri*; in which ſtate it becomes a cauſe of a dangerous hemorrhage at the time of parturition.

The *placenta* is compoſed of arteries and veins, with a mixture of pulpy or cellular ſubſtance *. Of theſe there are two orders, very curiouſly interwoven with each other. The firſt is a continuation of thoſe from the *funis*, which ramify on the internal ſurface of the *placenta*, the arteries running over the veins, which is a circumſtance peculiar to the *placenta*; and then ſinking into its ſubſtance, anaſtomoſe and divide into innumerable ſmall branches. The ſecond order proceeds from the *uterus*; and theſe ramify in a ſimilar manner with thoſe from the *funis*, as appears when a *placenta* is injected from the veſſels of the *funis*, and from thoſe of the parent. The veins in their ramifications accompany the arteries as in other parts.

There have been many different opinions with reſpect to the manner in which the blood circulates between the parent and child during its continuance in the *uterus*. For a long time it was believed, that the intercourſe between them was uninterrupted; and that the blood propelled by the powers of the parent pervaded, by a continuance of the ſame force, the vaſcular ſyſtem of the *fœtus*. But many unſucceſsful at-

* Placentæ ſubſtantia non conſtat glandulis, ſed mire vaſculoſa eſt.—*Ruyſch.*

tempts

tempts having been made to inject the whole *placenta*, *funis*, and *fœtus*, from the veſſels of the parent, or any part of the *uterus* from the veſſels of the *funis*, it is now generally allowed, that the two ſyſtems of veſſels in the *placenta*, one of which may be called maternal, the other fœtal, are diſtinct. It is alſo admitted, that the blood of the *fœtus* is, with regard to its formation, increaſe, and circulation, unconnected with, and totally independent of, the parent; except that the matter by which the blood of the *fœtus* is formed muſt be derived from the parent *.

It is thought that the blood, which has probably undergone ſome preparatory changes in its paſſage through the *uterus*, is conducted by the uterine or maternal arteries of the *placenta*, to ſome cells or ſmall cavities in which it is depoſited; and that ſome part of it, or ſomething ſecreted from it, is abſorbed by the fœtal veins of the *placenta*, and by them conveyed to the *fœtus* for its nutriment †. When the blood which

* Abunde me demonſtraturum arbitror, viviparorum quoque fœtum, dum adhuc in utero continetur, non matris ſanguine nutriri, ſpirituque ejus vegetari, ſed animo viribuſque ſuis frui, ut pullus in ovo ſolet, proprioque ſanguine gaudere. —*Harv.* Exercitat. xxxiv.

† There is a very ingenious paper in the 2d part of the Medical Journal for the year 1787, written by Doctor *John Clark*, to prove that the *fœtus* is ſupplied with air by means of the *placenta*, but that opinion had been before entertained.

which circulates in the *fœtus* requires any alteration in its qualities, or when it has gone through the courſe of the circulation, it is carried by the arteries of the *funis* to the *placenta*, in the cells of which it is depoſited, and then abſorbed by the maternal veins of the *placenta*, and conducted to the *uterus*, whence it may enter the common circulation of the parent. Thus it appears, according to the opinion of *Harvey* *, that the *placenta* performs the office of a gland, conveying air, or ſecreting the nutritious juices from the blood, brought from the parent by the arteries of the *uterus*, and carried to the *fœtus* by the veins of the *funis* in a manner, probably not unlike to that in which milk is ſecreted and abſorbed from the breaſts.

The veins of the *placenta* are mentioned as the abſorbents, becauſe no lymphatic veſſels have yet been found in the *placenta* or *funis*; nor are there any nerves in theſe parts; ſo that the only communication hitherto diſcovered, between the parent and child, is by the ſanguineous ſyſtem.

The proofs of the manner in which the blood circulates between the parent and child are chiefly drawn from obſervations made upon the *funis*. When it was ſuppoſed that the child

See a more particular account of the ſtructure of the *placenta*, in Mr. *Hunter's* Obſervations on the Animal Œconomy.

* Placenta ſuccum alibilem a matre provenientem nutriendo fœtui concoquit.—*Harv.* Exercitat. de Uteri Membranis.

was

was ſupplied with blood in a direct ſtream from the parent, it was aſſerted that, on the diviſion of the *funis*, if that part next to the *placenta* was not ſecured by a ligature, the parent would be brought into extreme danger, by the hemorrhage which muſt neceſſarily follow. But this opinion, which laid the foundation of ſeveral peculiarities in the management of the *funis* and *placenta*, is proved not to be true. For, if the *funis* be compreſſed immediately after the birth of the child, and whilſt the circulation in it is going on, the arteries between the part compreſſed and the child throb violently, but thoſe between the compreſſion and the *placenta* have no pulſation; but the vein between the part compreſſed and the *placenta* ſwells, and that part next to the *fœtus* becomes flaccid. But, if under the ſame circumſtances the *funis* be divided, and that part next the child be not ſecured, the child would be in danger of loſing its life by the hemorrhage, yet the mother would ſuffer no inconvenience if the other part was neglected. It is moreover proved, that a woman may die of a hemorrhage occaſioned by a ſeparation of the *placenta*, and the child be nevertheleſs born, after her death, in perfect health. But if the *placenta* be injured, without ſeparation, either by the rupture of the veſſels which paſs upon its inner ſurface, or in any other way, the child, being deprived of its pro-

per blood, would periſh, yet the parent might eſcape without injury.

SECTION IX.

By the *placenta* and membranes which are expanded from its edge, a complete *involucrum* of the *fœtus* and waters is made. They form at the ſame time a lining to the *uterus*; and, when expelled after the child is born, go under the common term of after-birth, or *ſecundines*.

In the deſcription of the membranes of the *ovum*, given by different writers, there is great diſſimilarity; and it appears, that much of that confuſion which became the ground of controverſy, aroſe from the ambiguity of the terms uſed, and from the examination of the *ova* at different periods of pregnancy; ſo that every deſcription might have been juſt, though no two repreſentations had been the ſame. They have uſually been mentioned as two, the *amnion* * and the *chorion* †; and the latter has again been divided into the true and the falſe. The third membrane, which from its appearance has likewiſe been called the villous or ſpongy ‡, and from the conſideration of it as the

* Quod fœtum amiciat et obvolvat.—*Harv.*

† A venarum copia ſive choro nomen obtinuit.—*Idem.*

‡ Mihi liceat nominare membranam placentæ, villoſam. —*Ruyſch.* Theſ. Anatom. vi. 41.

inner

inner *lamina* of the *uterus* caſt off, as was before obſerved, like the *exuviæ* of ſome animals, the *decidua*, has been deſcribed by *Harvey* not as one of the membranes of the *ovum*, but as a production of the *uterus*. How far a very accurate account of the conſtituent parts of the *ovum*, with all the changes they undergo, may be wanted for the perfection of natural hiſtory, I cannot pretend to decide; but in the practice of midwifery it doth not appear neceſſary.

It is, however, requiſite, that we ſhould have a competent knowledge of the membranes of the *ovum* at the full period of utero-geſtation, and the following explanation ſeems to be ſufficient. There is, firſt, the outer or connecting membrane, which is flocculent, ſpongy, and extremely vaſcular, completely inveſting the whole *ovum*, and lining the *uterus*; ſecondly, the middle membrane, which is nearly pellucid, with a very few ſmall blood veſſels ſcattered over it, and which forms a covering to the *placenta* and *funis*, but does not paſs between the *placenta* and *uterus*; thirdly, the inner membrane, which is tranſparent, of a firmer texture than the others, and lines the whole *ovum*, making, like the middle membrane, a covering for the *placenta* and *funis*. With the two laſt the *ovum* is clothed when it paſſes from the *ovarium* into the *uterus*, where the firſt is provided for its reception. Theſe membranes, in the advanced ſtate of pregnancy, cohere

cohere ſlightly to each other*, though in ſome *ova* there is a conſiderable quantity of fluid collected between them, which, being diſcharged when one of the outer membranes is broken, forms one of the circumſtances which have been diſtinguiſhed by the name of *by*, or falſe waters.

Between the middle and inner membrane, upon or near the *funis*, there is a ſmall, flat and oblong body, which, in the early part of pregnancy, ſeems to be a veſicle containing milky lymph, which afterwards becomes of a firm and apparently fatty texture. This is called the *veſicula umbilicalis*, but its uſe is not known.

SECTION X.

ALL that fluid, which is contained in the *ovum*, is called by the general name of the waters, or the waters of the *amnion* or *ovum*. The quantity, in proportion to the ſize of the different parts of the *ovum*, is greateſt by far in early pregnancy. At the time of parturition, in ſome caſes, it amounts to, or exceeds, four pints, and in others it is ſcarcely equal to as many ounces. It is uſually in the largeſt quantity when the child has been ſome time dead, or is born in a weakly ſtate.

This fluid is generally tranſparent, often milky, and ſometimes of a yellow or light

* Amnios et chorion ibi invicem leviter cohærent.—*Ruyſch.*

brown

brown colour, and very different in conſiſtence; and theſe alterations ſeem to depend upon the ſtate of the conſtitution of the parent. It does not coagulate with heat like the ſerum of the blood; and, chemically examined, it is found to be compoſed of phlegm, earthy matter, and ſea ſalt, in different proportions in different ſubjects, by which the varieties in its appearance and conſiſtence are produced. It has been ſuppoſed to be excrementitious, but it is generally thought to be ſecreted from the internal ſurface of the *ovum*, and circulatory as in other cavities.

It was formerly imagined that the *fœtus* was nouriſhed by this fluid, of which it was ſaid to ſwallow ſome part frequently; and it was then aſſerted, that the qualities of the fluid were adapted for its nouriſhment. But there have been many examples of children born without any paſſage to the ſtomach; and a few, of children in which the head was wanting, and which have nevertheleſs arrived at the full ſize. Theſe caſes fully prove, that this opinion is not juſt, and that there muſt be ſome other medium by which the child is nouriſhed beſides the waters. The incontrovertible uſes of this fluid are to ſerve the purpoſe of affording a ſoft bed for the reſidence of the *fœtus*, to which it allows free motion, and prevents any external injury during pregnancy: and, encloſed in the membranes, it procures the moſt gentle, yet efficacious, dila-

tation

tation of the *os uteri* and ſoft parts at the time of parturition.

Inſtances have been recorded, in which the waters of the *ovum* are ſaid to have been voided ſo early as in the ſixth month of pregnancy, without prejudice either to the child or parent. The truth of theſe reports ſeems to be doubtful, becauſe when the membranes are intentionally broken, the action of the *uterus* never fails to come on, when all the water is evacuated. A few caſes have occurred to me in practice, which might have been conſtrued to be of this kind; for there was a daily or frequent diſcharge of ſome colourleſs fluid from the *vagina* for ſeveral months before delivery; but there being no diminution of the ſize of the *abdomen*, and the waters being regularly diſcharged at the time of labour, it was judged that ſome lymphatic veſſel near the *os uteri* was occaſionally ruptured, and did not perfectly cloſe again till the patient was delivered; yet without any other difference, except that in ſuch caſes the labours are uſually premature, and the children born of a comparatively ſmall ſize. I have alſo met with one caſe, in which, after the expulſion of the *placenta*, there was no ſanguineous diſcharge, but a profuſion of lymph, to the quantity of ſeveral pints, in a few hours after delivery; but the patient ſuffered no inconvenience, except from the ſurpriſe.

The diſeaſes of the different parts of the

ovum

ovum will be conſidered when we ſpeak of the cauſes of abortion.

SECTION XI.

It hath been obſerved, that the ſtate of the *uterus* is, in many reſpects, altered in conſequence of impregnation. Beſides the derivation of a greater quantity of blood to it and the neighbouring parts, on which the enlargement of the perſon chiefly depends in the early part of pregnancy, and the formation of the connecting membrane of the *ovum*, it becomes endued with the properties of diſtention and aſcent into the cavity of the *abdomen*.

The *fundus* of the *uterus* is the part firſt diſtended, and afterwards the inferior parts in regular order; at length the *cervix* is obliterated, except the mere circle of the *os uteri*, and the *uterus*, which was originally pyriform, becomes nearly or completely oval. The diſtention is alſo more conſiderable on the poſterior than the anterior part, which is one cauſe of the change of poſition and courſe of the *fallopian* tubes and ligaments. Theſe, in the unimpregnated ſtate, depart from the corners of the *fundus* of the *uterus* nearly at right angles; but, towards the concluſion of pregnancy, they go off from the fore part near the *cervix*, as was before obſerved. This diſtention is evidently not mechanical from the increaſing ſize of the *ovum*, but from the acceſ-

ſion

ſion of a new principle; for the *uterus* is never fully upon the ſtretch, like a bladder inflated with air, but relaxed in ſuch a manner as to be apparently capable of bearing the farther increaſe of the *ovum* without inconvenience.

The *uterus* is placed between the bladder and *rectum*, the *os uteri* being generally projected a little backwards, ſo that the *axis* of the cavity of the *uterus* correſponds with that of the *pelvis*. After conception, the weight of the *uterus* becoming greater, it ſubſides lower into the *vagina*, the ſhortneſs of which is therefore reckoned one of the equivocal ſigns of pregnancy. But, after a certain time, the *uterus*, though more increaſed in weight, begins to aſcend, which it continues to do till it emerges out of the *pelvis*, acquiring ſupport from the ſuperior and anterior part of the aperture; in which diſpoſition and ſtate it remains, till the changes previous to labour come on. In the latter part of pregnancy the *vagina* muſt therefore be elongated, and the effects of the temporary abbreviation and elongation are readily diſcovered in thoſe pregnant women who have a *procidentia* of the *uterus*, or a tendency to it, in whom the complaint is aggravated in the early, and leſſened in the latter part of pregnancy.

In the firſt pregnancy the *uterus* riſes almoſt directly upwards, becauſe the integuments of the *abdomen* ſupport it forwards; and the diſtention may be readily perceived on each ſide, but

but commonly on one ſide more than the other, from the poſition of the child. In ſubſequent pregnancies the *uterus* projects forwards, the integuments generally yielding with greater or leſs readineſs, according to the number of children which a woman hath before had; but it always lies before the *viſcera* of the *abdomen*, which are raiſed higher, and protruded backwards, in proportion to its aſcent and diſtention.

Through the integuments of the *abdomen* the *uterus* may be felt ſpringing out of the *pelvis*, about the fourth month of pregnancy; in the fifth about the midway between the *pubes* and navel; in the ſixth as high as the navel; in the ſeventh half way between the navel and *ſcrobiculus cordis*; and in the eighth as high as the *ſcrobiculus cordis*: in the ninth month it uſually begins to ſubſide, ſo that, at the time of parturition, the *fundus* of the *uterus* is not higher in the *abdomen* than in the ſeventh, if the *uterus* be in a proper diſpoſition to act; but when that is not the caſe, the *fundus* will be as high as the *ſcrobiculus cordis*, even when the woman is in labour.

At the time of labour a new principle ſuperſedes thoſe of diſtention and aſcent*. This gives a diſpoſition to the *uterus* to exclude whatever is contained in its cavity, and the effect produced is in proportion to the energy of the

* Expultrix uteri facultas inſurgit et excitatur. Fœtus ab utero compreſſus, propulſatus atque expreſſus.—*Fabr. ab Aquapendente.*

principle and the power of the *uterus*. A perfect intelligence of this principle, and of the mode of its operation, would probably be of infinite uſe in practice, as we might be enabled to ſuppreſs the action thereby occaſioned when premature, moderate it when too violent, ſtrengthen it when too feeble, and regulate it in a variety of ways conducive to the welfare of our patients. On the knowledge we at preſent have of the manner in which this principle operates, and the circumſtances by which it is influenced, the aſſiſtance which ſcience and dexterity can give in caſes of difficult parturition, and in preventing abortions, very much depends.

But this expulſatory power, which takes place at the time of parturition, does not ſeem to be peculiar to the *uterus*, but to proceed from a general principle diffuſed through the whole body, which acts in a like manner whenever an offended part makes an extraordinary effort to free itſelf from any offending body; and the mode of its operation is according to the general laws of the animal economy, as is uſually the degree according to the difficulty. It is in common obſervation, that no violent action can be of long duration; and it might therefore be expected, that the efforts made by the *uterus*, for the purpoſe of expelling the child at the time of birth, would be periodical; and attended with pain, from the diſtention and

preſſure which the reſiſting parts undergo, as we ſhall have occaſion to obſerve when we ſpeak of natural labours.

It was ſaid, that this expulſatory action was not peculiar to the *uterus*, but a property common to all parts of the body, when the longer continuance of any thing extraneous was likely to become hurtful. Their efforts on ſuch occaſions, like thoſe of the *uterus* at the time of labour, are obſerved to be periodical, and accompanied with pain proportionate to the action and the ſenſibility of the part. Thus, in the caſe of a ſtone in the bladder, what is called a fit of the ſtone ſeems to be a conſequence of an effort made by the bladder to expel the ſtone when injured by it; or when a ſmall ſtone is paſſing through the ureters from the kidnies to the bladder. In the coacervation of the *fæces* in the *rectum* alſo, when the common action of the inteſtines is not ſufficient for their expulſion, an extraordinary action is excited periodically, which is attended with pain, returning, like the action, at intervals, and proportioned to it. Perhaps a more appoſite illuſtration of a labour may be taken from ſtones paſſing from the gall-bladder to the inteſtine. Theſe may continue inoffenſive in the bladder for a conſiderable time after their formation; but when an effort is made to exclude them, it is always accompanied with pain, periodical in its returns, and excruciating in its degree, from the ſenſibility of the parts immediately affected

or drawn into conſent; the effort continuing till the ſtone is forced into the inteſtine, or till the expulſatory powers are wearied.

Of the primary cauſes of this general property we may juſtly be ſaid to be ignorant, as we are likewiſe of that of the action of the *uterus* in particular, except from its effects. But the immediate cauſes appear to be different. Firſt, there is the genuine or original cauſe, which produces the action of the *uterus* at a proper time, and in a proper manner; ſecondly, adventitious cauſes operating upon the *uterus*, and producing that action to which it is diſpoſed, at an improper time, and in an irregular manner; thirdly, ſympathetic cauſes, when a diſturbance originates in ſome part connected with or conſenting with the *uterus*, and is transferred or ſpreads to the *uterus* from the part firſt affected.

We may ſearch for the original or genuine cauſe of the action of the *uterus* in its ſtructure, form, or qualities, or ſome peculiar, though inexplicable impreſſion made upon it by the child at the full period of uterogeſtation. The manner in which the effects are produced is much influenced alſo by the circumſtances of the conſtitution, as its ſtrength and diſpoſition to act; and it appears, that the blood is of much importance in this reſpect; for, in hemorrhages, though there be a diſpoſition in the *uterus* to act, there is no power of action; and in other caſes, when there is apparently no want of ſtrength, the diſpoſition to act is wanting.

The

The action of the *uterus* is totally independent of the will, and therefore often comes on during ſleep, having produced its effect before the patient is awake. But, if the whole frame be diſturbed by any violent emotion of the mind, the action of the *uterus* may be induced, obſtructed, or ſuppreſſed. The progreſs of a labour is therefore often retarded by ſuch paſſions as depreſs the ſpirits; as on the contrary, it is accelerated by cheerfulneſs, by reſolution, and a certain preparation of the mind for enduring pain and fatigue.

Opinions were formerly much divided with reſpect to the ſtate of the *uterus* during pregnancy; but it was generally imagined to become thinner in proportion to its diſtention. Later obſervations however have proved, that if healthy, it retains its thickneſs through the whole period, to whatever degree it may be diſtended. By this thickneſs, which is the medium of its ſtrength, the human *uterus* is capable of exerting infinitely greater power for the expulſion of its contents, than that of any animal. Had there been a neceſſity for an equal degree of force, animals would have failed to perform the office of parturition, becauſe there is not the ſame medium, by which that force could have been exerted. As greater proportionate force is therefore required and exerted in human parturition, than in that of animals, there muſt of neceſſity be a greater

degree of pain, even if we allow them to have an equal degree of ſenſibility. But of comparative parturition we have yet a very imperfect knowledge.

The adventitious cauſes of the action of the *uterus*, which are numerous, may ariſe from the general ſtate of the body, as a fever; or the particular ſtate of the *uterus*, as a diſeaſe of the part itſelf; or ſome extraneous irritation of the *os uteri*, between which and the *uterus* there ſeems to be a conſent ſimilar to that between the *cardia* and the ſtomach. This was known to the ancients, who occaſionally introduced irritating ſubſtances into the *vagina*, for the purpoſe of facilitating or accelerating the birth of the child. But, with regard to adventitious cauſes of every kind, it appears that their effect continues only ſo long as they are applied, and the action of the *uterus* produced by them is leſs perfect, than when it ariſes from the genuine cauſe. Thus, if the premature action of the *uterus* be brought on by irritation of the *os uteri*, it proceeds only during the continuance of the irritation, unleſs it be urged till the original cauſe of the action of the *uterus* ſhould ſupervene. Hence the obſervation was made, that if the *os uteri* has been untimely dilated by any improper management, or any other cauſe, it will cloſe again, and the woman often go on to her full time, if ſhe be kept in a quiet ſtate *.

* See *Chapman's* Treatiſe on Midwifery, chap. v. caſe i.

The

The ſympathetic cauſes of the action of the *uterus* may ariſe from the diſturbance of any part, with which the *uterus* is connected or diſpoſed to conſent, as is the caſe with all the contents of the *abdomen*, eſpecially with the lower part of the inteſtinal canal and the bladder, as in a *tenaſmus* or ſtrangury. On the removal of theſe, the action of the *uterus* cauſed by them will preſently ceaſe; but if the diſturbance be violent, and of long continuance, the *uterus* though the original cauſe be wanting, may aſſume that action, to which, by its ſtructure, it is diſpoſed, at any period of pregnancy, and the excluſion of its contents will of courſe follow.

From adventitious and ſympathetic cauſes the action of the *uterus* is often produced prematurely, at the latter part of pregnancy, and from the want of a juſt diſtinction they may be encouraged, to the great detriment of the patient. In ſuch caſes the action of the *uterus* may continue during the continuance of the cauſe, or it may become regular, proceeding after the cauſe is removed, or it may ceaſe entirely on the removal of the cauſe. Of all theſe there are frequent inſtances in practice; and, ſeeing there is ſuch variety in the cauſes of the action of the *uterus*, it is not ſurpriſing, that there ſhould be ſuch difference in the effect produced, and ſo many deviations from the ordinary courſe of labours.

All the difficulties attending par-

be reduced to two kinds; firſt, thoſe which ariſe from the imperfect action of the *uterus*; ſecondly, thoſe which are occaſioned by the reſiſtance made to that action when duly exerted. The regulation of, or beſt methods of aſſiſting that action or power, and the removal of the impediments to its effects conſtitute the chief objects in the practice of midwifery.

CHAPTER VII.

SECTION I.

ON THE SIGNS AND DISEASES OF PREGNANCY.

Conception is ſucceeded by many important changes in the conſtitution, and uſually by affections of various parts, which in the beginning of pregnancy, are eſteemed *ſigns* that a woman hath conceived. In the more advanced ſtate, the ſame or ſimilar changes and affections increaſed in degree, together with ſome ſupervenient ones, have been termed and conſidered as the *diſeaſes of pregnancy*. Yet, in either ſtate, theſe evidently do not depend upon pregnancy as a ſpecific cauſe, being often occaſioned by irritation or diſturbance of the *uterus* from other cauſes, eſpecially during the act of menſtruation. Nor do they commence with conception, and continue to the time of parturition; but are in general moſt frequent, and moſt troubleſome alſo, ſoon after conception, or in the early part of pregnancy, gradually abating, and often wholly diſappearing, as the patient advances in her pregnancy. The ſigns of conception muſt therefore be very ambiguous and uncertain;

certain; though, from the common occurrence of the caſe, and the particular attention which is paid, a faculty of diſcriminating them is acquired, which generally prevents errour.

It is a popular obſervation, confirmed by experience, that thoſe women are leſs ſubject to abortion, and ultimately fare better, who have ſuch ſymptoms as generally attend pregnancy, than thoſe who are exempt from them. The ſtate of pregnancy is then an altered, but cannot with propriety be called a morbid ſtate. But if the term *diſeaſe* be uſed on this occaſion, with the intention of giving a more intelligible explanation of the temporary complaints to which women are then liable, or to denote their irregularity, or an exceſſive degree of them, it may be retained. With this view the diſeaſes of pregnancy may be divided into two claſſes; in the firſt of which will be included all thoſe which occur in the early, and in the ſecond, thoſe in the latter part of pregnancy. The time of *quickening* may conſtitute the line of diſtinction between them, and we ſhall thus be led to the moſt uſeful method of proceeding, that of obſerving the complaints in the order in which they ariſe.

It appears, that every part of a living body has two principles, or performs two offices; one of which regards its own diſtinct preſervation and eaſe; the other, by which each part contributes to and partakes of the harmony or diſorder

diſorder of the whole frame. The degree of diſpoſition and ability to perform theſe offices, and the manner in which they are performed, vary in different parts, and for peculiar purpoſes: but it may be preſumed, that they both potentially exiſt in every part, though not at all times actually exerted, as in the caſe of convulſions from an injury of ſome minute part. When theſe offices are executed in a manner and degree neceſſary for, and conſiſtent with, the common purpoſes of *being*, they are called natural; but when they are irregular or exceſſive in their manner or degree, or are excited on extraordinary occaſions, though the exiſtence of the occaſion may render them needful or unavoidable, they are not improperly termed violent or morbid. The diſpoſition to act is called irritability, and the action, when produced, irritation. Irritation is deſcribed to be of two kinds. It may be confined to the part in which the cauſe exiſts, or it may be transferred and extended to ſome diſtinct or diſtant part. The firſt is called ſimple irritation, and the latter ſympathy or irritation by conſent. Sympathy *, or irritation by conſent, has again been diſtinguiſhed into two kinds, primary or direct, as between the *uterus* and ſtomach; and ſecondary or intermediate, as between the *uterus* and the brain

* Diſtinguitur irritabilitas in primariam ſeu directam, et ſecundariam ſeu per conſenſum.—*Gliſſon, Tractat. de Ventric. et Inteſtin.*

by

by the intervention of the ſtomach. The modes of this conſent between diſtinct and diſtant parts have been variouſly explained, and aſſigned to many different cauſes *; but with the propriety of the explanations, or the ingenuity of theories, we are not, on the preſent occaſion, concerned.

The truth of no obſervation in medicine has been more generally acknowledged than that of the extreme irritability of the *uterus*, and of the propenſity which the whole body has to be affected or diſturbed by its influence †. Some parts are nevertheleſs more diſpoſed to this influence than others, ſome by direct conſent, and ſome by the interpoſition of other parts. Thoſe affections which occur moſt frequently during, or in conſequence of pregnancy, it is neceſſary that we ſhould underſtand, that we may be able to form a competent judgment of

* Quinque adminicula, quibus una pars alterius affectum ſua naturali perceptione conſque cognoſcat, ut eidem compatiatur, propoſuero. Primum eſt immediata continuitas, præſertim fibrarum et tunicarum partium; ſecundum, nervorum a communi ſtipite derivatio; tertium, influxus per arterias mutatus; quartum, reductio per venas præpedita aut diminuta; quintum, conſectus vel alia idonea vicinitas, qua una pars in aliam agat.—*Idem.*

Gliſſon, who was phyſician to queen Elizabeth, has a right to be eſteemed the father of the doctrine of irritability. He often ſeems to uſe the word *perception* for irritability, and the word irritability for ſympathy, or diſpoſition to conſent.

† Eſt enim uterus pars principalis, quæ totum corpus facile in conſenſum trahit.—*Harv. Exercitat. de Partu.*

the

the ſubject; and for this purpoſe the following account will be ſufficient either in the way of illuſtration or example.

Between the *uterus* and the breaſts the conſent is ſo intimate and conſtant, that it is ſcarcely poſſible for them to be affected ſeparately. The enlargement of, and ſhooting pains in, the breaſts, are therefore not improperly enumerated among the ſymptoms of pregnancy; though they are alſo obſerved to occur at the time of the final ceſſation of the *menſes*, when theſe are caſually obſtructed, and in ſome women in a ſlight degree at each period of menſtruation.

The *areola*, or brown circle round the nipples, has been repreſented as an indubitable mark of pregnancy. This is not however ſuſpected to be a primary conſequence of a particular affection of the *uterus*, but of the preceding enlargement and alteration of the breaſts: and, though it generally occurs in pregnancy, it may be produced by any cauſe capable of giving to the breaſts a ſtate reſembling that which they are in at the time of pregnancy, of which it can only be eſteemed a doubtful ſign. The *areola* is therefore found in many of the complaints which reſemble pregnancy, and though generally, not univerſally, I think, in pregnant women. Equally or more uncertain, for the ſame reaſon, is uneaſineſs in the region of the *uterus*, and about the navel, though frequently

quently attendant upon pregnancy; yet the latter, as far as I know, is a ſymptom peculiar to affections of the *uterus*. The navel alſo, according to the progreſs of pregnancy, is conſtantly emerging till it comes to an even ſurface with the integuments of the *abdomen*; and to this circumſtance much regard is to be paid in caſes of doubtful pregnancy.

There are few diſeaſes of much importance in any part of the body in which the ſtomach is not affected; but the conſent between this and the *uterus* is peculiarly frequent, and often violent. It is not therefore ſurpriſing, that the ſtomach during pregnancy ſhould ſo generally be diſturbed with *naufea*, vomiting, heartburn, loſs of appetite, and indigeſtion; or that ſuch complaints ſhould, under certain circumſtances, have been conſidered as the ſymptoms of pregnancy.

In conſequence of theſe affections of the ſtomach, and perhaps by direct conſent with the *uterus*, any part of the inteſtinal canal may be diſturbed during pregnancy: but the particular part may be caſual, and the manner will depend upon ſome peculiarity in the conſtitution of different women, as the ſame cauſe may produce very different or contrary effects. Some women, who are at all other times conſtipated, have a *diarrhœa* at each period of menſtruation; and thoſe who are at other times ſubject to a *diarrhœa* then become unuſually coſtive;

tive; and ſimilar changes often take place when women are pregnant.

The whole habit of the body may be diſturbed by a certain ſtate of the *uterus*, and yet no individual part be peculiarly affected. Hence, at the time of pregnancy, there frequently occurs a feveriſh diſpoſition, with debility, emaciation, and many ſymptoms common to hectic fevers; by which the countenance becomes altered, the eyes appear larger, the mouth wider, and a ſharpneſs is given to every feature. In conſequence alſo of this general and perpetual irritation, the temper of pregnant women is ſometimes rendered leſs gentle and patient than is conſiſtent with their uſual character, and this claims compaſſion inſtead of reſentment.

The conſent between the *uterus* and ſtomach ſeems to be of that kind which has been called primary or direct; but affections of the brain, heart, and lungs, appear to be ſecondary, or by the intervention of the ſtomach. Pain and giddineſs of the head, dimneſs of the ſight, ſleepineſs, convulſions, palſy, palpitation of the heart, and peripneumonic complaints, though they ſometimes occur during pregnancy, are leſs frequent than ſuch as are produced by the direct conſent of any part with the *uterus*.

There are alſo many inſtances of affections of the *uterus* from its conſent with other parts. A ſtrangury, or *tenesmus*, may occaſion a ſimilar affection

affection of the *os uteri*; and if it were to continue, a premature expulsion of the *fœtus*. Pain in the stomach or bowels, or of any part contiguous to the *uterus*, or with which it is prone to consent, may disturb it; and if extremely violent, or of long continuance, may produce the same effect. From these it appears, that, when an abortion is apprehended, there is not only occasion to attend to and moderate those circumstances, which may arise from original affections of the *uterus*, but those also, which may be produced in some other part, and extend to the *uterus*.

From these observations it will not be inferred, that every complaint, which happens to pregnant women, is to be attributed to uterine irritation. For some appear to be caused mechanically by the pressure of the enlarged *uterus*, and all of them to be aggravated by the erect position of the body. The distinction which was made will nevertheless be equally proper; for, before the time of *quickening*, the complaints are generally owing to an increased irritability of the constitution, or to the admission of a new cause of irritation into the habit, and afterwards to the enlargement of the *uterus*. But, without a very strict adherence to any general distinction, we will recollect, that a small degree of enlargement of the *uterus*, with its consequent irritability, may become the cause of disease in early pregnancy; and that such

ſuch a degree of irritability may ariſe or continue towards the concluſion, as may create ſymptoms like thoſe which might be peculiarly expected at the commencement.

SECTION II.

By the term *quickening* is underſtood the firſt ſenſation, which the mother has of the motion of the child which ſhe has conceived. This happens at different periods of pregnancy from the tenth to the twenty-fifth week, but moſt commonly about the ſixteenth after conception; yet the motion of the child is in ſome women ſo obſcure, or ſuch little attention is paid to it, that it is not perceived or regarded, and in others ſo indiſtinct as to be confounded with various other ſenſations. In caſes therefore of ſuppoſed, but miſtaken pregnancy, women often fancy that they feel the motion of a child; or, if the child has died *in utero*, when there is, after birth, the falleſt proof that it muſt have ceaſed to move for a long time.

It is not unuſual for women to have a few drops of blood diſcharged from the *vagina* at the time of quickening without any inconvenience; but the ſymptoms which attend are generally ſuch as are occaſioned by ſurpriſe or agitation from any other cauſe, as fainting or ſome hyſteric affection. Theſe being of ſhort duration require no other means of relief than

expoſition

expoſition to the open air, a glaſs of cold water, or ſome light cordial, and a ſhort confinement to a horizontal poſition.

The changes which follow quickening have been attributed to various cauſes. By ſome it has been conjectured, that the child then acquired a new mode of exiſtence; or that it was arrived to ſuch a ſize as to be able to diſpenſe with the menſtruous blood, before retained in the conſtitution of the parent, which it diſturbed by its quantity or malignity. But it is not now ſuſpected, that there is any difference between the aboriginal life of the child, and that which it poſſeſſes at any period of pregnancy, though there may be an alteration in the proofs of its exiſtence, by the enlargement of its ſize, and the acquiſition of greater ſtrength. It was before obſerved, that the notion of ſome pernicious influence from the retained *menſes* ſeemed to have been admitted without foundation. Others have believed, that the changes ought to be aſſigned merely to the enlargement of the *uterus*, increaſed by the growth of the *ovum* to ſuch a ſize, that it was ſupported above the brim of the *pelvis*; by which means all the inconveniencies, which aroſe from the dragging or ſubſidence of the *uterus* in the *vagina*, were removed: and this ſeems to be the true reaſon. Becauſe, in morbid enlargements of the *uterus*, not of a ſcirrhous or cancerous nature, there is an abatement of the ſymptoms, when they become

come of a certain ſize; which circumſtance has often rendered patients an eaſy prey to empirics, who have availed themſelves of the impreſſions made by the caſual and temporary relief as the critical moment for impoſition. But though this explanation may not be ſatisfactory, the changes are very important and certain; for whatever complaints women before ſuffered, in general after the time of quickening they decline or are wholly removed.

SECTION III.

A SUPPRESSION of the *menſes* is one of the neverfailing conſequences of conception, at leaſt I have not met with a ſingle inſtance of any woman continuing to menſtruate when ſhe was pregnant; though I know, that popular opinion is againſt the aſſertion, and that exceptions to it are frequently mentioned by men of ſcience. What gratification the human mind is capable of receiving by the affectation of ſingularities of conſtitution, which do not depend upon our will or power, and from which neither reputation nor advantage can be derived, philoſophers may determine. But it is well known, that in practice there is great occaſion to be circumſpect; for, either from the miſrepreſentation of patients, or the credulity or vanity of writers, many medical works are filled with the moſt uſeleſs and improbable hiſtories, defective in the eſſential article of

all records, truth; and this charge hath been made in the moſt pointed terms againſt many writers on the ſubject of midwifery*. Some who have ſaid that women might menſtruate during pregnancy, have ſuppoſed the diſcharge to be made from the veſſels of the *vagina* or neighbouring parts; or they have conſidered every eruption of blood from the *uterus* as a regular menſtruous diſcharge. But if menſtruation, according to the definition already given, had continued in pregnancy, it is ſcarcely poſſible, but that abortion muſt often have followed, as a part of the *ovum* would neceſſarily have been detached from the *uterus* at every period; unleſs we conclude that, by ſome ſubſequent proceſs, their connexion had been occaſionally reeſtabliſhed. As therefore, in caſes in which pregnancy can be ſuſpected, we have, in the ſuppreſſion of the *menſes*, the beſt proof of its exiſtence, and in their continuance, of the contrary; it will be wiſer to leave the buſineſs to be determined by time, or to place our confidence in, and to form our judgment by this circumſtance, as leaſt liable to errour; rather than to involve ourſelves in doubt, by ſearching after equivocal appearances, which, deſerting this circumſtance, cannot lead to any ſatisfactory concluſion. But though it may be laid down as a general principle, that, when

* *Plena erroribus fabuliſque. Ruyſch.*

women

women continue to menſtruate, they are not pregnant, it will not follow, that in every caſe of the ſuppreſſion of the *menſes* women are certainly pregnant, though pregnancy is always to be ſuſpected; as I have known many inſtances of young married women who have ceaſed to menſtruate for ſeveral months, independently of any diſeaſe, when they were not with child.

SECTION IV.

All the complaints attending pregnancy, and perhaps the ſtate of pregnancy, are accompanied with a febrile diſpoſition or increaſe of heat, which, when duly regulated, is probably intended to anſwer ſome important purpoſe to the child. This ſeems to be proved by the blood of pregnant women, which, independently of diſeaſe, is always found to have what is called a ſizy appearance, though of a peculiar kind, and evidently very different from that which is obſerved in caſes of inflammation, and which may be conſidered as a conſequence of ſome new and ſpecific action. But if any inflammatory diſeaſe ſhould occur in pregnancy, then the blood loſes its pregnant appearance as it may be termed, and aſſumes that of the diſeaſe. An extreme degree of thoſe ſymptoms which appertain to pregnancy may alſo produce the true inflammatory appearance of the blood.

From this ſtate of the blood, and from the relief which bleeding almoſt univerſally affords in the urgent complaints of pregnant women, even in conſtitutions which at other times do not well bear that evacuation, occaſion hath been taken, to attribute all the conſequences of pregnancy to a *plethora*, of which the retained *menſes* were thought to be the cauſe. But if it be true, that pregnant women have ſuch feveriſh diſpoſition, we have no reaſon to be ſolicitous about the inveſtigation of the cauſe, as, by bleeding at proper times, in quantities ſuited to the conſtitution and indications, both the effects of uterine irritation and *plethora* are generally leſſened or removed.

Particular kinds of diet are found to add to this diſpoſition to inflammation, and to increaſe irritability. Of theſe the principal is animal food, though it is uſually recommended, together with liquids of a cordial and nutritive quality, to women when pregnant, on the preſumption that they are then in greater need of ſuch ſupport than at any other time; and becauſe it was thought ſerviceable to the child. To ſome conſtitutions, and under particular circumſtances, theſe may be neceſſary: but if it be juſtifiable to draw inferences from the appetites of pregnant women, or if we may judge from the common conſequences of ſuch diet, we ſhall ſoon be convinced, that it is improper: for they have generally a diſlike to animal

animal food of every kind, and under every form, and if prevailed upon to eat it incautiously, are sensible of much inconvenience. What is improper for the mother can hardly be supposed beneficial to the child. On the contrary, they usually prefer vegetables, fruit, and every thing cooling, which they eat and drink with avidity, and in which they indulge without prejudice.

SECTION V.

Pregnant women are not only encouraged to live more luxuriously, but more indolently also, exercise being thought improper, unless towards the conclusion of pregnancy, when it has been supposed to procure a more favourable delivery. Great and continued care may in some cases of pregnancy be absolutely necessary in order to prevent abortion or premature labour, but in general the contrary method of proceeding is the most eligible and proper: for the lower class of women, who are by necessity obliged to follow laborious occupations in the open air, and who are exposed to all the vicissitudes of the weather, not only pass the time of their pregnancy with fewer complaints than the affluent, but have also more easy labours. Much allowance must however be made to former habits of living;

but thoſe who are in poſſeſſion of all the advantages of rank and fortune, which the eyes of inferiors are apt to look at with envy, muſt uſe them with the moſt cautious moderation, or they will ſuffer for every unreaſonable indulgence. By every kind of habitual irregularity the conſtitution becomes loaded, or the activity of its powers leſſened or perverted, and a diſpoſition to diſeaſe is often given, or all ſenſe of natural enjoyment is loſt. We have been accuſtomed to conſider parturition as a diſtinct act of the conſtitution, unconnected with any which precedes or follows; but there would be more utility in conſidering it as a part only of a proceſs, which begins with conception, and terminates with childbed, or even with lactation. We ſhould then preſume, that ſuch as the ſtate of the body is at the time of conception, ſuch will it probably be during pregnancy; and, according to the ſtate in pregnancy, will be that at the time of parturition; and on this again will depend the recovery from childbed, unleſs there be ſome peculiar imperfection in the conſtitution, or ſome diſeaſe not dependent upon that ſtate ſhould ſupervene. On the due and regular exerciſe of all the functions and powers of the body, their diſpoſition and ability to act, according to their original frame, muſt ultimately depend; and ſuch as is their general condition at the time of labour, ſuch will be that of the

uterus,

uterus, and of all the parts concerned in parturition, though the health of ſome women is always improved during pregnancy. But if there has been indulgence in improper habits, or if exerciſe has been neglected at all other times, there is little cauſe to expect advantage from unfit and extraordinary efforts towards the concluſion of pregnancy; as no other end can then be anſwered by ſuch conduct, but that of diſturbing the frame, and bringing on premature labour. In quadrupeds, which apparently ſuffer little other inconvenience when they are with young, than that which ariſes from mere increaſe of bulk, their common purſuits are neglected, the gregarious diſpoſition is ſuſpended, and, if left to their own inclinations, they gradually leſſen the exerciſe they use as they advance in pregnancy.

SECTION VI.

VOMITING is one of the moſt frequent complaints to which women are liable in the early part of pregnancy, and it ſometimes continues to, or returns towards, the concluſion. If it ſhould not be violent, and occur only in the early part of the day, though very troubleſome, it is ſo far from being detrimental, that it is generally found to be ſerviceable, by exciting a more vigorous action of the *uterus*, and by

bringing the ſtomach into a better ſtate. For the vomiting of pregnant women is not always a mere effort of ſtraining, or a diſcharge of the food and common humours of the ſtomach. The matter evacuated ſometimes ſhows a very much diſturbed, or a morbid ſecretion of ſuch a kind as to be offenſive to the ſtomach itſelf; and beſides correcting or evacuating the offending humours, it is neceſſary that we uſe our endeavours to change, or to appeaſe the preſent action, before the indication to vomit be ſuppreſſed.

In plethoric habits the act of vomiting may render bleeding neceſſary, though the diſeaſe or ſtate of which it is a ſymptom might not require this evacuation. For that reaſon, and becauſe it leſſens the general irritability of the habit, bleeding will be neceſſary in ſome caſes of inceſſant vomiting, though in others it may not be either requiſite or proper. But medicines of any kind are not wanted to reſtrain the vomiting, except it ſhould be extreme, ſo that the ſtrength of the patient is reduced, or other untoward conſequences follow. Then the common means uſed for the relief of this ſymptom in other caſes may be ſafely and properly adviſed for pregnant women; as the ſaline draughts in the ſtate of effervescence, or mixed with ſome abſorbent earth, in the manner of the *miſtura corallata* of *Fuller*; or magneſia in ſimple peppermint-water; or the

Seltzer

Seltzer water, natural or artificial, whilſt it effervefces with a mixture of lemon juice and ſugar; or ſmall doſes of the acid of vitriol in cold or mint water; or ſmall quantities of *columbo* root; or chamomile flowers, joined with ſome aromatic, in ſubſtance or infuſion. Moderate cordials are ſometimes required; and of theſe the moſt grateful is the *confectio alkermes*, in ſimple mint or cinnamon water. Many other medicines of the ſame kind may be directed, in ſuch forms as are found to be moſt acceptable to the patient.

In caſes of exceſſive vomiting *opium* in tincture or ſubſtance is generally given, and often with great advantage. Perhaps no well grounded objection can be made to the occaſional uſe of opiates, when violent pain, or any other urgent ſymptom demands them. But I have perſuaded myſelf that their habitual or very frequent uſe is prejudicial to the *fœtus*, either by debarring it from a proper ſupply of nouriſhment, or by depraving that with which it is actually ſupplied; but of this opinion I begin to have ſome doubt. The ſame obſervation hath been frequently made on ſpirituous liquors, and probably the effect of both may be explained upon the ſame principle.

Local applications of various kinds have been recommended, to abate exceſſive vomiting; and conſent is readily given to their uſe, though without the expectation of great advantage, becauſe no harm is apprehended from them.

them. But a phyſician of great experience and ſtrict veracity informed me, that he had in theſe caſes ſeen the application of a piece of folded cloth moiſtened with *tinctura opii* to the region of the ſtomach do much ſervice, when internal medicines of the higheſt eſtimation had proved ineffectual.

It is a general obſervation that the vomiting of pregnant women is moſt frequent and importunate in the morning: and the circumſtance evidently depends on the change of poſition, which then takes place, and not the peculiar time. When the poſition is horizontal, the patient may not have the leaſt ſenſe of uneaſineſs or diſturbance of the ſtomach; but the moment ſhe riſes from her bed, theſe come on, and continue till ſhe again reclines, unleſs ſhe is careful to bring the body erect by riſing ſlowly. Confinement to a horizontal poſition is therefore found both neceſſary and uſeful, not only when the ſtomach is violently diſturbed in conſequence of pregnancy, but from many other cauſes.

When there is a nauſea or inclination to vomit without any evacuation, a gentle emetic is the beſt remedy: and this may be repeated, whenever the urgency of any ſymptom requires it; experience having fully proved, that emetics may be given to pregnant women with perfect ſafety; but a glaſs of lukewarm water, or a little weak chamomile tea uſually anſwer the purpoſe.

SECTION

SECTION. VII.

INDIGESTION, and depravity or loſs of appetite, proceed from the ſame cauſe as the foregoing complaint, of which they are only different modifications; and the treatment commonly enjoined for their relief will be ſuitable for pregnant women. Of that depravity of the appetite, which in pregnancy has uſually gone under the name of *longing*, the inſtances recorded in books and thoſe formerly reported in converſation are incredible, and too abſurd to deſerve, or, at leaſt at this time to require a ſerious refutation. *Longing* was not ſuppoſed to depend upon the fancy or other circumſtances of the mother, but to be a peculiarity in her appetite, produced by the influence of ſome cauſe exiſting in the child. Nor was it ſuppoſed, that the effect was confined to the ſimple refuſal or gratification of the appetite however extravagant it was, or however unnatural it might appear; the *longing* of pregnant women was to be indulged, not merely through kindneſs to the parent, but for the intereſt of the *fœtus* alſo. If her wiſhes and inclinations were not gratified ſhe might ſuffer; but the worſt conſequences were to be apprehended on account of the child, which would either be retarded in its progreſs, or bear the mark of the thing longed for on ſome part of its

its body; as if there were a connexion between the two beings incomprehenſible by us, and infinitely more exalted than is obſerved under any other circumſtances. Nor was the obſervation of ſimilar accidents in animals, or even in plants, conſidered as a valid argument againſt this extravagant opinion.

In times and countries barely civilized, can we ſuſpect, that it was thought neceſſary to adopt and to ſupport the opinion of the power of the imagination, in order to ſecure to pregnant women that indulgence and tenderneſs of treatment, which their ſituation was ſuppoſed to require? Or does there really exiſt any myſterious conſent between the parent and the *fœtus in utero* in the human ſpecies? I believe, that the opinion originated in the former cauſe; but that in the courſe of time, and by the habit of thinking and acting in a certain manner, a general conviction did take place, that ſome conſent of an inexplicable and perhaps of a divine nature, not to be defined or illuſtrated, really exiſted. An opinion which might have been uſeful and neceſſary at the time when it was firſt adopted, continued when there was no longer occaſion for it, and became a ſource of real diſadvantage. For the minds of women were frequently diſturbed, and themſelves rendered miſerable, by the dread of an effect, the cauſe of which was wholly imaginary; ſometimes alſo ſiniſter purpoſes were intended to be

anſwered

anſwered by the pretence. It then became neceſſary to examine the opinion, and it was proved to be groundleſs. In the early part of my own life nothing was more common, than to hear of innumerable examples of the dreadful events which were cauſed by diſappointed *longing*; or to ſee inſtances of the great confuſion and diſtreſs in families, from a perſuaſion of its importance. But at the preſent time, and in this country, the term *longing* is ſeldom mentioned, except among the loweſt claſs of people; though the cauſe, if any had exiſted, muſt have produced its effect at all times and in all ſituations. Something is, however, to be granted to *longing*, conſidered as an appetite depending upon the conſtitution, of a certain ſtate of which it may be eſteemed an indication. If we believed the doctrine, that diſeaſes and tendencies to them were produced by an exceſs of acid or alkaleſcent humours, we might readily underſtand, why one pregnant woman prefers the moſt ſavoury and high-ſeaſoned food, and another acid fruits and cold water; and why they might both be indulged, not only without prejudice, but with advantage, as has been frequently obſerved, in theſe caſes, and in the delirium of fevers for a ſimilar reaſon. The appetite, unſophiſticated by bad habits, will probably never miſlead us as to the quality of our food. It may rather be eſteemed a guide implanted

planted in us by nature, which we ſhall never err in following, if we act with diſcretion as to the quantity.

SECTION VIII.

THE heart-burn is a painful ſenſe of heat in the throat and *fauces*, with ſudden regurgitations of thin ſour or acrid ſaliva in the mouth. In ſome caſes it ſeems to be a mere ſenſation ariſing from the conſent between the ſtomach and *uterus*; and in others to be cauſed by an accumulation of ſharp humours, ſecreted in the ſtomach by its wrong action. There is often reaſon to think that it is occaſioned by food, which is ſalt and high ſeaſoned, or otherwiſe hard of digeſtion, and by fermented liquors; and perhaps by ſleeping in an erect poſition after a full meal. The medicines uſually directed for this complaint are given with the intention of abating or removing the ſenſation, of altering the properties of the fluid collected in the ſtomach, or of evacuating them. Theſe generally conſiſt of the various kinds of abſorbent earth, as the teſtaceous powders, or magneſia, alone, or mixed with rhubarb; or lime-water, or ſmall doſes of ſaline medicines, of which perhaps the beſt is the *aqua kali*, to the quantity of twenty drops in a large glaſs of cold water. But my highly reſpected friend Dr. *John Sims* has publiſhed the following, as a form of medicine which

ſeldom

ſeldom fails to give immediate relief; and many trials have convinced me that his opinion of the efficacy of this medicine is juſt.

℞ Magneſ. uſt.
Aq. Ammon. pur. a ʒj.
——Cinnamom. ʒiij.
——Puræ ʒvſs. M.
Sumat cochlearia ij vel iij ampla, ſæpiùs in die, urgente cardialgia.

When the complaint is violent, a gentle emetic is the moſt effectual remedy; and, ſhould the diſpoſition to it originate in the debility of the powers of digeſtion, ſuch means are to be uſed, and ſuch medicines given, as promiſe to reſtore and invigorate them.

SECTION IX.

COSTIVENESS is another troubleſome complaint to which pregnant women are liable. It is often hurtful in its preſent effects, and ſometimes in its conſequences, being not uncommonly the cauſe of head-ach, fever, tenesmus, pain in the bowels, and abortion. Care muſt therefore be taken to obviate coſtiveneſs by the cautious but occaſional uſe of manna, magnetia, ſenna, electuary of ſenna or of caſſia, *oleum ricini*, ſoluble tartar, Jeſſop's well water, and the like medicines. But I was formerly much more aſſiduous in preventing coſtiveneſs than I am at the preſent time, having obſerved, that

that all women who go on properly, eſpecially in the early part of pregnancy, are liable to this ſtate of the bowels, which may have ſome relation to the ſtrong action of the *uterus* at that time. Coſtiveneſs may therefore be conſidered as a ſtate of the bowels correſponding with that of the *uterus*; and we can never believe that to be injurious, which occurs ſo frequently as to be eſteemed a common conſequence. Experience has proved that abortion moſt frequently happens to thoſe who are ſubject to diſorders of the bowels.

The more gentle the means uſed for the removal of coſtiveneſs, the more eligible they are, provided they anſwer the intention. Aloetic medicines are forbidden during pregnancy, leſt they ſhould do miſchief by their ſuppoſed deobſtruent qualities: but they are in common uſe among the lower claſs of people, becauſe they are cheap, and conveniently given in the form of pills, and I have not obſerved any bad effects from them. The ſtomach of pregnant women is often in ſuch a ſtate, that no internal medicines can be retained, and we are obliged to have recourſe to clyſters, which are generally efficacious and always ſafe. It is remarkable, that ſmall doſes of the *ſal catharticus amarus*, diſſolved in plain water, or ſimple mint-water, or in common emulſion, will often be kept upon the ſtomach, when things leſs obnoxious to the taſte are immediately rejected.

SECTION

SECTION X.

By long continued coſtiveneſs the *faeces* are ſometimes collected in ſo large a quantity, and by long confinement in the *rectum* and lower part of the *colon* become indurated to ſuch a degree that they cannot be voided by the common action of the inteſtines; and the medicines uſually given, and the means uſed to procure ſtools, prove inſufficient for the purpoſe. This complaint is not peculiar to women when pregnant, being found to occur indiſcriminately in either ſex, if compelled by diſeaſe or accident to remain for a long time in a horizontal poſition; and it is not unfrequent in children, or even in animals. It has often been mentioned by medical writers, though no proper name has been given to it. It is vulgarly called the *ball-ſtool*.

There is reaſon to believe, that this complaint has often been overlooked in practice; for though the column of indurated *faeces* is ſometimes enormous, a ſmall quantity in a liquid ſtate, eſcaping between the column of hardened *faeces* and the ſide of the inteſtine, may be daily diſcharged; ſo that no ſuſpicion of the real nature of this caſe may be entertained, unleſs the ſtools be inſpected, or the patient be examined *per anum*.

When it has continued for a certain time, and the common efforts of the inteſtines, though repeatedly excited, are not equal to the expulſion of the *fæces*, their extraordinary action is raiſed, which is attended with pain, periodical in its returns, and violent in its degree. This action continues till the difficulty is overcome, or by the effect of the long and fruitleſs action, the parts adjoining to the *anus*, and perhaps the internal parts, become inflamed; and, if proper and timely means were not uſed to prevent the miſchief, this complaint has ſometimes proved fatal by bringing on a ſphacelation of the parts.

Purgative medicines rather increaſe this complaint, by impelling a greater quantity of *fæces* into the lower part of the inteſtinal canal, when they cannot be diſcharged. Suppoſitories and clyſters, at leaſt in the way in which they are commonly adminiſtered, cannot be received on account of the greatneſs of the obſtruction, to the removal of which they are not equal. Effectual relief is only to be obtained by dividing the indurated *fæces* into ſmaller pieces, by manual aſſiſtance, or by ſome convenient inſtrument conducted into the *anus*, and uſed with circumſpection, and then by waſhing them away with repeated clyſters. In women there is leſs difficulty in the management of theſe caſes, becauſe the column of *fæces* may not only be broken by the finger paſſed into the *vagina*, but their excluſion very much aſſiſted.

SECTION

SECTION XI.

PERHAPS women are by conſtitution, and by the ſedentary lives they lead, more ſubject to the hemorrhoids than men. They are generally eſteemed as indications of too great fulneſs of the habit, or as critical depoſitions of ſomething noxious, had it remained in the conſtitution: they are alſo an ordinary conſequence of long-continued coſtiveneſs, and, during pregnancy, they may be cauſed or increaſed by the derivation of a greater quantity of blood to the parts, or by the preſſure made upon the veſſels by the enlarged *uterus*. When this complaint is in a moderate degree, the patient is ſoon relieved by gently purgative and diuretic medicines; and thoſe compoſed of ſulphur are, in this caſe, uſually preferred; though ſome phyſicians have ſuſpected their propriety. Cooling applications are alſo adviſed, and of theſe the beſt is a weak ſolution of the *ceruſſa acetata* frequently renewed. Should the patient be feveriſh, or the hemorrhoids much tumefied and painful, bleeding, in quantities ſuited to the conſtitution and the exigence of the caſe, is neceſſary; or one or more leeches may be applied to thoſe which are moſt prominent, if they do not diſcharge ſpontaneouſly. Emollient fomentations and cataplaſms are ſometimes proper. In general, unctuous applications do not agree; but ointment of elder flowers, mixed

with an equal quantity of brown ſugar, or a ſmall quantity of ſome lixivial ſalt, is thought, in ſome caſes, to have done much ſervice. When the hemorrhoids are very numerous, and tumefied even to ſtrangulation, immediate relief may be obtained by firm and gentle preſſure, between the finger and thumb, of each diſtinct hemorrhoid, till they are all compreſſed, and reducible within the *anus*, ſcarce any tumour remaining but the external covering, like the empty huſks of grapes.

SECTION XII.

THE ſkin of women with child is often diſcoloured in ſpots or blotches, eſpecially about the neck and face, which, though diſagreeable to thoſe who are ſolicitous about ſuch matters, is not otherwiſe important. Women have ſometimes alſo a true jaundice, and, whether we attempt to remove the obſtruction to the due ſecretion of the bile, by emetics, purgatives, or deobſtruents, as they are called, there appears to be no reaſon why pregnant women ſhould not bear their operation, when they are neceſſary. Men of diſcretion will readily ſee the impropriety of giving a medicine, the operation of which might be more dangerous than the diſeaſe, which it is intended to cure; and the neceſſity of accommodating its quantity to the ſtate of the patient, as well as its quality to the diſeaſe.

SECTION

SECTION XIII.

Women with child are chiefly ſubject to thoſe complaints of the inteſtines, which may be ſuppoſed to ariſe from their inert action; but they are ſometimes liable to thoſe, which are occaſioned by too much irritability. Yet the latter are far leſs frequent than the former, though a teneſmus, a diarrhœa, or dyſenteric complaints, may happen at any period of utero-geſtation.

When theſe affections of the bowels are of ſufficient conſequence to require medical attendance, the common mode of treatment is equally efficacious and conſiſtent with the ſafety of a pregnant woman, as under any other circumſtances. When there is a feveriſh diſpoſition, bleeding is proper; and when there are ſigns of diſturbance in the ſtomach, from offenſive humours, or preceding crapulous complaints, gentle emetics may be given, and the repetitions, if neceſſary, may be unlimited. If there be much pain in the bowels, or frequent efforts to go to ſtool, with little or inſufficient evacuations, purgative medicines, of which perhaps the beſt is the *magneſia vitriolata* * alone, or joined with rhubarb, ought to be given, and occaſionally repeated, according to the con-

* See *Cleghorn's* Treatiſe on the Diſeaſes of the Iſland of *Minorca*.

tinuance and pain, in any ſtage of the diſeaſe. Should the complaint remain after the evacuations, opiates are proper, mixed with ſome mild aſtringent medicines, as the *miſtura cretacea* with *tinctura cinnamomi*. In ſome caſes *ipecacuanha* in ſmall doſes, not exceeding a grain, or even half a grain, mixed with ſome abſorbent powder or two or three grains of *rhubarb*, and given every ſix hours, anſwers the purpoſe of quieting the diſturbance of the bowels, without procuring any evacuation. The free and frequent uſe of opiates is in many of theſe caſes indiſpenſable. Clyſters, compoſed of a decoction of linſeed, or of flower and water boiled to the conſiſtence of thin ſtarch, or of mutton broth, are both comfortable and uſeful; and to any of theſe thirty or forty drops of the *tinctura opii* may be occaſionally added. The introduction of three grains of the *opium purificatum* in the form of a pill into the *rectum* affords great relief in all caſes of painful diſturbance of the *uterus*, *rectum* or bladder.

Teneſmus, and alſo diarrhœa, are common attendants on abortions, of which they are juſtly eſteemed to be ſometimes the cauſe. In theſe caſes it appears, that the exiſtence of the irritation in the *rectum* is unfavourable to the proper action of the *uterus*, and may directly, or by conſent, become the cauſe of abortion. Emetics, by relieving the preſent inconvenience, and by changing the ſeat of the irritation, will often

prevent

prevent any ill conſequences, but the greateſt reliance in ſuch caſes is to be placed on *opium*, in any of the uſual forms, eſpecially in clyſters.

SECTION XIV.

The ſtrangury, which is a frequent inclination to void the urine, and a painful diſcharge of it in ſmall quantities, is not an unuſual complaint in pregnancy, in the early periods of which it ſeems to be occaſioned by the conſent between the *uterus* and bladder; but, towards the concluſion, by the mere preſſure of the enlarged *uterus*. It is ſometimes cauſed alſo by the reſtraint, which women ſometimes dangerouſly impoſe upon themſelves, from motives of delicacy, when they are engaged in company. Under any of theſe circumſtances it always produces much inconvenience, and may terminate in a ſuppreſſion of urine, which, when the *uterus* is of a certain ſize, that is, about the third month of pregnancy, becomes the cauſe of its retroverſion.

For the relief of the ſtrangury, it is in ſome caſes neceſſary to bleed, and in all to procure ſtools by clyſters, or very gentle aperient medicines. A ſmall quantity of oil of almonds, with manna, in the common emulſion, and the addition of a few grains of nitre, is a commodious and often an effectual remedy. The

common emulsion with the *spiritus ætheris nitrosi*, or barley-water with gum arabic, may be drunk at pleasure; opiates are also frequently necessary. In a suppression of urine the catheter must be introduced; and of the retroversion of the *uterus* we have already spoken very fully.

At the latter part of utero-gestation it is not uncommon for women to have an incontinence of urine, not perpetually but occasionally, when they stand upright, or make any sudden though slight motion, especially if they have a troublesome cough. As far as either the strangury or incontinence of urine depends upon the pressure of the enlarged *uterus*, it will only be in our power to alleviate them, for the cause must remain till the time of delivery; and the peculiarity of the complaints may be owing to the compression being casually made either upon the neck or *fundus* of the bladder. It is some comfort to women to be informed, and I believe the observation is almost universally true, that affections of this kind are never produced, except in those cases in which the presentation of the child is natural.

SECTION XV.

THE *fluor albus* was before mentioned as a complaint, to which women were at all times liable; but in pregnancy the discharge is sometimes

times exceedingly profuſe, and has very much the appearance, as if it was cauſed by, or accompanied with inflammation. It may then be occaſioned by ſome extraordinary fulneſs of the parts adjoining to the *uterus*, or by more than uſual irritation. It does not appear that any bad conſequences, either to the mother or child, follow this complaint, or that it requires any peculiar treatment. Perhaps, by the relaxation of thoſe parts, which are to be dilated at the time of parturition, they may then make leſs reſiſtance; at leaſt it is commonly obſerved, that women who ſuffer much from this ſymptom during pregnancy have eaſy labours. It is alſo proper to obſerve, that, in women who with a profuſe diſcharge of this kind are ſubject to miſcarriages, an injection of the *zincum vitriolatum* two or three times a day, into the *vagina*, has great power in preventing them.

SECTION XVI.

No complaint happens more frequently to pregnant women than pain in the hips, with numbneſs of the inferior extremities. This ſeems to be occaſioned by the untoward preſſure made by the enlarged *uterus* upon the iſchiatic nerves, and thoſe which paſs through the perforations on the anterior part of the *ſacrum*. As it is found to be increaſed in certain poſitions

of

of the body, eſpecially when the patient is accuſtomed to ſleep on one ſide, a change of the poſition generally affords temporary relief. At all events it is not in itſelf of ſufficient importance to require any medical aſſiſtance, and is entirely removed ſoon after delivery.

Erratic pains in various parts, eſpecially about the face, ears, and teeth, ſo often occur in pregnancy, as to be thought certain indications of that ſtate. They are evidently occaſioned by uterine irritation; and although they will ſometimes be eaſed by *æther*, by ſolutions of *opium*, or other ſuch local applications, or by bliſters applied behind the ears, yet theſe commonly afford only temporary relief, and in ſome inſtances they aggravate the pain. The ſame obſervation may be made of the cramp, whatever part of the body it may affect. This is a very pertinacious ſymptom, and often exceedingly troubleſome, eſpecially in the night; but being void of danger has too little attention paid to it. In either of theſe caſes, real benefit is to be obtained only by bleeding, and the uſe of ſuch means as abate irritation in general, or that of the *uterus* in particular, ſuch as ſmall doſes of *tinct. opii*, of the *ſyrup. papaver. alb.*, the inſpiſſated juice of *cicuta*, and other medicines of that claſs. However, in caſes of violent and repeated cramps, it is not unuſual to meet with unfavourable ſeparations of the *placenta* after the birth of the child.

SECTION

SECTION XVII.

THE veins of the legs, thighs, and *abdomen*, frequently become varicous in the latter part of pregnancy, to ſuch a degree, in ſome inſtances, as to exhibit a ſtrangely tortuous, and a very alarming appearance. *Varices*, which are both elongations and enlargements of the veins, may be reaſonably ſuppoſed to proceed from the preſſure of the *uterus* preventing the reflux of the blood by the veins; and perhaps they may often be eſteemed as conſequences of the general fulneſs of the habit. They are uſually accompanied with the cramp; but which of theſe is the cauſe or effect has been much diſputed. No detriment has been obſerved to follow this very painful and troubleſome complaint; but if any thing is required to be done, it ſhould be with the intention of emptying the vaſcular ſyſtem, as moderate bleeding, gentle purging, and a ſpare diet. In ſome caſes it may be judged neceſſary to give ſupport, by moderately tight bandage, to the veins of any part which are particularly diſtended; or ſometimes to tie the vein above and below the tortuous part, but the time of pregnancy is not to be choſen for this operation.

SECTION XVIII.

INQUIETUDE and want of ſleep are very troubleſome complaints towards the concluſion of pregnancy. They are alſo frequently attended with ſlight pains in the region of the *uterus*, hardly to be diſtinguiſhed from the pains of labour, and other feveriſh ſymptoms. Theſe are moſt grievous in the night, the patient being reſtleſs, in ſpite of a ſtrong diſpoſition to ſleep, and obliged to riſe frequently, and expoſe herſelf to the influence of the cool air; yet I know not for what reaſon, after a ſhort repoſe at the dawn of day ſhe appears as much refreſhed, as after the moſt quiet night.

Perhaps the confinement of the air of the room, and the heat of the bed, may be the immediate cauſes of theſe complaints; but I have generally conſidered them as ariſing from the conſtant and ſtrenuous demands for nouriſhment made by the child upon the conſtitution of the parent; for it is remarkable, that thoſe women, who ſuffer moſt on this account, though reduced in appearance, bring forth luſty children, and have eaſy labours. But if the mother has little uneaſineſs and grows corpulent during pregnancy, the child is generally ſmall; and if the child ſhould die before the time of parturition, the inquietude entirely ceaſes. In the firſt caſe the abſorbing powers of the child ſeem too

ſtrong for the parent; but in the latter the retaining powers of the parent are ſtronger than the abſorbing ones of the child, ſo that on the whole it appears natural, that women ſhould become thinner when they are pregnant.

Nothing affords more effectual relief to patients troubled with this inquietude than bleeding in ſmall quantities, with the occaſional uſe of cooling and laxative medicines. *Hoffmann's* anodyne liquor, to the quantity of thirty or forty drops, given in ſome common emulſion, or in cold water, every night at bed-time, has been found uſeful. Preparations of *opium* have little effect, unleſs they are given in large quantities and often repeated; but a perſuaſion that theſe are ultimately injurious to the *fœtus*, or to the parent, has long deterred me from uſing them on theſe occaſions. A glaſs of cold water drunk at bed-time is not a contemptible remedy; or a towel dipped in cold water and wrapped round the hand, with one corner hanging over the edge of the bed, has many times been ſerviceable in procuring ſleep, by leſſening the general heat of the body as a conductor.

There is another cauſe of much uneaſineſs during pregnancy which ſometimes occurs in very irritable habits; that is, the painful and almoſt conſtant motion of the child. For the relief of this it is uſual to rub gently over the whole *abdomen* ſome unctuous or ſedative application, and to give occaſionally a few drops of *ſpiritus*

ſpiritus ætheris vitriolici compoſit. or of *tinct. opii,* in any ſuitable vehicle.

SECTION XIX.

VERY few women, even thoſe who are on other occaſions patient and reſolute, paſs through the time of uterogeſtation without uſing expreſſions, which indicate ſome degree of apprehenſion for their ſafety. This ſolicitude or diſcomfort may proceed from the mere dread of what they expect to ſuffer at the time of labour; or from reports inadvertently made of untoward accidents, which have happened to ſome of their friends or acquaintance, who were in the ſame predicament with themſelves. In ſome caſes there ſeem to be ſtrange impreſſions made in the mind from ſome affection of the body, not then obvious but ſhowing itſelf at the time of labour, or after delivery.

It is ſufficient, in the firſt inſtance, to contrive amuſements for them, or to inſpire them with confidence, by pointing out the fortunate event of the generality of theſe caſes, and to impreſs them with favourable ſentiments of the ſkill and good fortune of the perſon, who is appointed to attend them. This apprehenſion of danger may ariſe from another ſource, and be cauſed by uneaſy ſenſations, which they feel, but cannot well deſcribe. Then it is really a ſymptom of diſeaſe, and may be ranked with the terrour, which attends the commencement

of ſome dangerous diſeaſes, of which it is one of the worſt indications. Inſtead of conſidering it as an hyſteric affection not worthy of regard, we ſhall find, on inquiry, that the patient has ſome degree of fever; as increaſed heat, a white tongue and a quick pulſe, and frequently a fixed pain in ſome part of the *abdomen*; or peripneumonic ſymptoms; or ſome marks of local or general diſturbance in the habit, though not in a degree ſufficient to denote any particular diſeaſe. By bleeding in ſmall quantities, by cooling or appropriate medicines, by repoſe and a well-regulated diet, both the ſenſation and the apprehenſion may be removed before the time of delivery, and a happy recovery from childbed enſured. If, however, the complaint be not properly conſidered, but ſlighted or ridiculed merely as lowneſs of ſpirits, the event may prove unfavourable; and on the recollection of the circumſtances there may be room to lament that it was miſconſtrued or diſregarded.

SECTION XX.

THE functions of the brain are often diſturbed in the time of pregnancy, by which headachs, drowſineſs, and vertiginous complaints, are occaſioned; and ſometimes pregnant women have a true *hemiplegia*, as well as many other nervous ſymptoms. Theſe have uſually been aſcribed to a fulneſs of blood in the veſſels

of

of the brain, caufed by an obftruction to its defcent into the inferior extremities, by the compreffion of the enlarged *uterus*. But thefe do not more commonly happen to thofe women, who are of full habits of body, than to thofe who are of different conftitutions, and if that was the cauſe, the effect muſt be pretty generally produced when women have arrived at a certain time of pregnancy. The palfy is always preceded by fuch fymptoms as indicate an uncommon degree of uterine irritation, on which it is reafonable to conſider it may depend; more eſpecially as, though relieved, it is never cured during pregnancy, and fcarcely ever fails to leave the patient perfectly free within a few months after delivery, as has been proved in a variety of cafes.

The blood of thofe women who become paralytic whilſt they are pregnant, is always found to have the fame appearance as in the moſt inflammatory diſeaſes; and the other fymptoms indicate the like diſpoſition. It is not therefore ſurpriſing, that heating and ſtimulating medicines are obſerved to increaſe the complaint; or that it ſhould be relieved by bleeding, by gentle purging, by a cooling regimen, and by ſuch means as abate uterine irritation; not regarding the palfy as an idiopathic diſeaſe, but as a ſymptom occaſioned by pregnancy.

SECTION XXI.

It was before obſerved, that anaſarcous ſwellings of the inferior extremities often occurred in pregnancy, and that thoſe ſometimes extended to the groins and ſides of the *abdomen*, and in ſome caſes to the external parts of generation, which become extremely painful, and tumefied to ſuch a degree, that the patient is unable to walk or ſit without much inconvenience. They appear to be occaſioned in ſome inſtances by too much, and in others by too little, exerciſe; but more frequently by the preſſure made by the *uterus* upon thoſe lymphatic veſſels, which are intended to drain the fluids from the inferior extremities. They have ſometimes been unjuſtly ſuppoſed to indicate ſuch a general hydropic tendency as might deter us from bleeding the patient, even in circumſtances which would otherwiſe demand it.

But in many of thoſe abdominal complaints, which occur in pregnancy, it has been obſerved, that the patient was ſenſible of much relief when the legs begin to ſwell; ſo that in ſome caſes this ſwelling may be eſteemed as a critical depoſition upon the inferior extremities of ſomething ſuperfluous or injurious to the conſtitution. Of the particular treatment which this complaint may require we have before ſpoken.

SECTION XXII.

THERE have been a few inſtances of women with child who have had a true *aſcites*; and thoſe who have an *aſcites* ſometimes become pregnant. Some caſes are recorded, and many reported, in which the mode of treatment enjoined has been founded on an erroneous opinion of theſe two ſituations; that is, of a dropſy being miſtaken for pregnancy, and pregnancy for a dropſy. The former is not productive of miſchief in any other way, than by delaying the uſe of ſuch means as might be conſidered likely to cure the diſeaſe if adminiſtered in its early ſtate. But the conſequences of the ſecond errour have been deplorable. For, if any active remedies are uſed on the preſumption of a dropſy, the child will of neceſſity be often deſtroyed, and an abortion or premature labour occaſioned; and when the operation of the *paracentęſis* has been performed, it hath been known to prove fatal to the mother and child, always reflecting great diſcredit both upon the operator and profeſſion. It, therefore, ſeems neceſſary, to eſtabliſh this general rule, that no woman, at a time of life, or under circumſtances which, in the moſt diſtant manner, ſubject her to a ſuſpicion of pregnancy, ſhould ever be tapped, or otherwiſe treated for a dropſy, till by examination *per vaginam*, or by waiting a due time, we are convinced

vinced that ſhe is not pregnant; even though ſhe may have before undergone the operation.

It has been ſaid, but whether upon ſufficient authority I know not, that a dropſy has ſometimes been cured by pregnancy or parturition; and certainly the quantity of limpid fluid diſcharged after delivery is in ſome caſes not to be explained by any idea of its being contained in, or ſecreted by, the *uterus*.

SECTION XXIII.

THE manner in which the *abdomen* is diſtended, with the uſual degree of its diſtention at different periods of pregnancy, has already been deſcribed. This generally appears to be uniform, though often on one ſide more than the other: and ſometimes there are partial diſtentions, which are popularly attributed to the head, elbow, or ſome other limb of the child, originally placed, or accidentally moved, out of the common ſituation. It appears, that this opinion cannot poſſibly be true, unleſs we preſume, that there is at the ſame time a partial diſtention of the *uterus*, which could ſcarcely happen without ſome important and dangerous conſequences. As this caſe moſt frequently happens when the *abdomen* is enormouſly diſtended, and as it has all the appearance of a ventral *hernia*, it is more probable, that it is occaſioned by the

ſtarting of ſome of the abdominal muſcles, or the partial yielding of the integuments, or by an occaſional ſpaſm of the *uterus* incloſing the *placenta*. But the explanation of the caſe is of leſs importance, as it neither requires nor admits of any aſſiſtance, either before or at the time of labour, and diſappears before or almoſt immediately after delivery.

From the great diſtention of the *abdomen*, eſpecially in corpulent women, an umbilical *hernia* is very frequently occaſioned, which, depending wholly upon the degree of diſtention, does not admit of any relief before the patient is delivered; when the elaſtic truſs, ſuited to the ſize and form of the *hernia*, ſeems a more eaſy and effectual remedy, than any inſtrument of the kind which has hitherto been recommended, though ſome prefer a piece of ivory, formed like a ſection of a globe, and fixed upon the part by adheſive plaiſter or any of the uſual bandages. Caſes of this kind deſerve more attention than is uſually given them. This ſeems to be the only kind of *hernia* produced by, or which remains during pregnancy; for unleſs the other kinds adhere to the *ſac* in which they are contained, temporary relief is afforded by that aſcent and ſupport of the inteſtines, which neceſſarily follows the enlargement of the *uterus*.

SECTION XXIV.

In ſome caſes the whole *abdomen* is diſtended beyond what it is able to bear without inconvenience; the ſkin becomes inflamed, and ſometimes cracks, ſo that there is a little oozing from various parts. The true ſkin alſo cracks when the outſide is not altered, by which there remains upon the integuments of the *abdomen* of women, who have had children, a number of ſmall cicatrices, as if the parts had been ſcarified, or there had been ſlight longitudinal ulcerations.

For the caſe both of the diſtention and conſequent foreneſs, ſome unctuous applications ſhould be rubbed over the *abdomen* every night at bed-time. The ointment commonly recommended for this purpoſe is compoſed of rendered veal fat beaten up with a ſmall quantity of roſe water.

By the extreme diſtention of the muſcles of the *abdomen* theſe are often the ſeat of pain during pregnancy, eſpecially at their inſertions: and it requires ſome attention to diſtinguiſh this from the pain which may ariſe from affections of the *ſymphyſis* of the *oſſa pubis*. When the weight of the *abdomen* in pregnant women is very great, and weakly ſupported by the integuments, it becomes pendulous, and occaſions to the patient much pain and difficulty in

walking, and many other inconveniences. It will then be of ſervice, by a napkin or broad bandage, ſuited to the purpoſe, paſſed round the lower part and middle of the *abdomen*, to ſupport it with a moderate degree of firmneſs, and then by a ſcapulary to ſling the depending weight over the ſhoulders, by which the patient will be enabled to move and walk about with infinitely leſs trouble, and any inconvenience thence ariſing will be leſſened or removed.

SECTION XXV.

INSTANCES ſometimes occur of pregnant women being affected with the venereal diſeaſe: and we have generally been adviſed to follow a mode of treatment, by which the diſeaſe was not intended to be perfectly cured, but moderated and reſtrained from further progreſs; leaving the abſolute cure to be completed, when the patient was recovered from the ſtate of childbed. This method of proceeding has been recommended, on the preſumption that dangerous conſequences would reſult either to the mother or child, if a quantity of quickſilver was uſed, during pregnancy, ſufficient to root out the diſeaſe effectually from the conſtitution. If the patient has a *gonorrhœa*, there is clearly nothing in the medicines preſcribed, or in the treatment, which can prove hurtful to either at the time of uterogeſtation. But if there ſhould be a

confirmed

confirmed *lues*, as frictions with *unguentum hydrargyri* properly inſtituted and purſued, which, as it was one of the firſt, is yet acknowledged to be the moſt efficacious remedy; or if equal or greater confidence is placed in them than in any preparation of quickſilver internally given; it is reaſonable to think, and the opinion is confirmed by experience, that women might at any time of pregnancy go through a due courſe of them with perfect ſafety. It is ſcarcely neceſſary to obſerve, that medicines compoſed of quickſilver, whether internally given or externally applied, are not at this time uſed with a view to promote a ſalivation, or any other profuſe evacuation, but with the intention of filling the habit with that medicine, and retaining it as long as it is thought neceſſary for the extinction of the diſeaſe. The utility and propriety of this practice is allowed by thoſe, who differ widely in their explanations of the mode in which quickſilver is ſuppoſed to operate. I may be permitted to obſerve, that the principal cauſes of the failure of this medicine to anſwer our purpoſe of perfectly curing the *lues*, are either the hurry with which it is at firſt uſed, the negligence and miſrepreſentation of patients, or a concluſion often though erroneouſly made, that the diſappearance of the ſymptoms is a proof of a perfect cure of the diſeaſe; whereas it frequently happens, that, if the frictions are not continued many days, or even ſeveral weeks, or,

in ſome caſes, perhaps, months, after all the ſymptoms are gone, there will in a ſhort time be new appearances, which prove the return or exiſtence of the diſeaſe.

It has been ſuppoſed, that a child born of an infected parent could not at the time of birth be exempt from infection, and that the *virus* would be ſo intermixed with its frame that there would ſcarcely be a poſſibility of exterminating it. This is at leaſt a very dubious point; becauſe it has happened to every perſon engaged in practice in a city or large town, to attend patients of this deſcription, who have nevertheleſs brought forth children which were perfectly healthy. I do not recollect one deciſive inſtance of a child born with any ſymptoms of the venereal diſeaſe upon it; and the contrary, I am perſuaded, is often ſuſpected from a knowledge of circumſtances, which give riſe to the ſuſpicion, excluſive of the ſymptoms; though it muſt be allowed, that a child has a chance of receiving the infection in the act of parturition, by abſorbing the *virus* in its paſſage over ulcerated ſurfaces. But, with regard to the firſt opinion, it may perhaps be juſtifiable to reaſon in this manner. If the infection is received, it muſt be at the time of conception, or afterwards. If the prolific particles, whether in the male or female, were mixed with the venereal *virus*, the prolific properties would probably by ſuch mixture be deſtroyed; but if conception were

previous

previous to the infection, there ſeems to be no way in which the latter could be communicated to the child already conceived, all immediate intercourſe being ſecluded by the perfect cloſure of the *os uteri*.

Children brought forth by parents infected with the venereal diſeaſe will often be born dead; but this event may commonly be imputed with more propriety to the ſeverity of the means uſed for the extirpation of the diſeaſe, than to the diſeaſe itſelf; and the rank eruptions about the *podex* to which children in very early life are liable, certainly cannot be juſtly attributed to venereal infection, the infection firſt ſhowing its power on the part which received it.

SECTION XXVI.

When pregnant women have the ſmall pox, there is much difference in the opinions entertained of the poſſibility of the child being infected. Some have contended that, if the mother has this diſeaſe, the child could not eſcape; whilſt others are perſuaded, that the child could not, according to the laws of the animal economy, receive this diſeaſe. Caſes are recorded by various writers in confirmation of both the opinions; and many inſtances have been communicated to me by men of integrity and attention, with the view of deciding this point; but the caſes are contradictory to each other,

other, and therefore prevent any preſent deciſion upon the ſubject. When, by the multiplication of well-atteſted facts, our knowlege is extended and corrected, ſhould it be proved, that the variolous infection is generally received by the *fœtus in utero*, if the parent has the diſeaſe when ſhe is pregnant, we may then conſider whether the knowledge of the fact can be turned to any practical advantage *.

It is an opinion almoſt univerſally received, that, if a woman with child ſhould have the ſmall-pox, and miſcarry; or, if at the full time her labour ſhould come on during the continuance of the diſeaſe, it would neceſſarily prove fatal to the mother. The event has too often proved the truth of this obſervation; yet it will probably ſtand upon more juſt ground, if it be ſtated in this manner. Should the attack of the diſeaſe be violent, and the eruptive fever run very high, patients may and have often eſcaped the danger, at any period of uterogeſtation, though the child were then expelled. But if a woman paſſes the time of the eruptive fever, and labour or a tendency to miſcarry ſhould come on towards the criſis of the diſeaſe, as far as my obſervation enables me to ſpeak, ſhe will then certainly die. She dies, in truth, not becauſe ſhe miſcarries or brings forth a child, but ſhe miſcarries or falls into labour be-

* *Mauriceau* ſays, that he himſelf was born with the ſmall-pox upon him, but the weight of this aſſertion muſt depend on the opinion of others.

cauſe

cauſe ſhe is already in a dying or very dangerous ſtate, and by thoſe circumſtances the danger is infinitely increaſed.

When other diſeaſes occur in pregnancy, the treatment to be directed muſt be ſuch as the particular diſeaſe may require, making due allowances for that ſtate, by not preſcribing any violent means, unleſs the immediate ſafety of the patient may render them abſolutely neceſſary. Every morbid alteration of importance which happens during pregnancy ſuperſedes, if we may be allowed the expreſſion, all the changes which depend upon that ſtate; and whoever aims to eſtabliſh the character of a ſucceſsful practitioner in midwifery muſt pay attention to the health of his patients when they are pregnant. If there be no diſeaſe, or diſpoſition to it, the proceſs of a labour is generally uniform and ſafe. If any diſpoſition to diſeaſe ſhould exiſt at that time, the labour may be rendered irregular and dangerous, or the immediate cauſe of ſome diſeaſe peculiar to the child-bearing ſtate, not by giving, but by diverting ſuch diſpoſition to ſome part rendered by parturition more ſuſceptible of its influence.

CHAPTER VIII.

SECTION I.

ON UTEROGESTATION.

It was formerly aſſerted and believed, that the proper ſituation of the child in the *uterus*, in the early months of pregnancy, was ſedentary; with the breech reſting at the ſuperior aperture of the *pelvis*, and the fore-parts of the child turned exactly to the *abdomen* of the mother. At or towards the time of parturition it was thought that the child, partly by the increaſed weight of the head, but chiefly by its own inſtinct and powers, made a revolution, and turned with its head downwards, in ſuch a manner that the *vertex* was placed to the *pubes*, and the face to the *ſacrum*. In this poſition it was ſuppoſed to paſs through the *pelvis*. This change was called preſenting to the birth, of which it was judged to be the ſignal; and, from the terms uſed in different languages to expreſs the change, the opinion ſeems to have been univerſal. By the examination of women who have died at different periods of uterogeſtation, or in the act of child-birth, it is now aſcertained, that ſuch as is the ſituation of the child in the early

early part of pregnancy, ſuch it will be at the time of labour, unleſs, which can very rarely happen, the poſition be altered by ſome accidental violence. Perhaps this opinion of the ancients was not founded on obſervation, but on the preſumption that fatal conſequences would reſult from the continuance of the *fœtus* with its head downwards for nine months. They did not know, that there was a circulation of the blood; and of courſe were ignorant that an order of veſſels exiſted in the body, eſpecially calculated, by preſerving a particular communication between different parts, to prevent any injury to the *fœtus*, either from its confinement or ſituation.

The natural poſition of the *fœtus* in the *uterus* is ſuch as to occupy the leaſt poſſible ſpace, ſo that the leaſt poſſible inconvenience is occaſioned to the parent, yet with the utmoſt eaſe to its own body and limbs*. In the poſitions which are eſteemed natural there is an endleſs variety, but they are moſt commonly after this manner†. The knees are drawn up to the belly, the legs are reflected backwards,

* Quaſi in ſeipſum totus conglobatus.—*Fabric. ab Aquapendente.*

† Addactis ad abdomen genibus, flexis retrorſum cruribus, pedibus decuſſatis, manibuſque ſurſum ad caput ſublatis, quarum alteram, circa tempora vel auriculas, alteram ad genam detinet; ſpina in orbem flectitur, caput ad genua incurvato collo propendet; tali membrorum ſitu, qualem in ſomno per quietem quærimus.—*Harv.* Exercitat. de Partu.

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the feet croſſed, and lying cloſe to the breech; the elbows are in contact with its ſides, and the hands turned up to its head, one of which is often placed upon the cheek or ear. The ſpine is incurvated, and the neck being bowed, the chin reſts upon its knees. There is that inflexion of the body into which we ſpontaneouſly fall when we ſeek repoſe; and as it is our poſition before we are born, it is that alſo to which we have an inclination in the decrepitude of old age.

The ſituation of a child, preſenting naturally, is with the head downwards, reſting upon the *oſſa pubis*, with one ſide of the head towards the *abdomen* of the mother, and the other towards the *ſacrum*, or in a ſmall degree diagonally. The bulk of the body of the child is not placed againſt the ſpine, but on one ſide, moſt commonly on the right, and the limbs turned towards the left, ſo that the *abdomen* of a woman with child is, in general, evidently diſtended more on one ſide than the other. When this circumſtance, though a neceſſary conſequence of the proper ſituation of the child, is obſerved, a ſuſpicion, wholly groundleſs, is often entertained, that its preſentation at the time of birth will be unnatural. A ſmall degree of permanent enlargement may afterwards be perceived on that ſide on which the child has reſted, in which alſo, for ſome time after delivery, the mother is ſubject to pains reſembling thoſe which are conſidered as rheumatic.

SECTION

SECTION II.

The term of uterogeſtation is different in every claſs of animals, and the diverſity has been attributed to the nature and properties of the parents or the offspring. Thoſe, who were of opinion that it depended upon the parent, ſought for the reaſon in the ſtructure or conſtitution of the *uterus*, the heat or coldneſs, dryneſs or moiſture of which, according to the doctrines of the old philoſophy, were ſuppoſed to be the cauſes of the varieties: yet, if the term depended upon theſe, it would then remain to be proved, how it happened that one form or conſtitution was capable of bearing diſtention longer than the other. Thoſe, who imputed the time of the event to the offspring, aſſigned to them the ſame properties. It ſeems to have been generally believed, that, by the long or ſhort continuance of the *fœtus* in the *uterus*, the future ſize, duration, and qualities, of different animals were influenced; and that theſe were moſt perfect and permanent in thoſe animals which had the longeſt period of uterogeſtation. It was alſo thought, and perhaps with truth, that the longer the time of uterogeſtation, the longer the animals were before they came to full growth; and that on this depended their continuance in the mature ſtate, without any natural tendency to decay, one period of exiſtence

regulating another *. In oviparous animals the time of incubation neceſſary for the production of their young is not altered by the qualities of the bird by which it is incubated, but follows its genuine nature; as in a hen's egg incubated by a duck. This favours the opinion that the term is guided by the offspring, but it is by no means deciſive: for the circumſtances relating to the birth of oviparous and viviparous animals, though they may illuſtrate each other, cannot, with any intelligence, be compared, before the egg is expelled.

If the time of uterogeſtation be not interrupted by accidental cauſes, it proceeds in all animals with great, though not with exact regularity, as is proved by thoſe who are employed in breeding cattle, by whom a correct account is uſually preſerved. But in the human ſpecies there was ſuppoſed to be a conſiderable latitude in this reſpect, and examples have been recorded with great confidence, by grave writers, of children born after a term much exceeding the common, and of others after a term far ſhort of it, which were nevertheleſs in a perfect ſtate. This opinion hath alſo been countenanced to a certain degree by the laws or cuſtoms eſtabliſhed in different countries †.

* See Lord Bacon's *Hiſtor. Natural.*

† Spigelius Ulpianum juris conſultum immerito reprehendit, quod poſt decimum menſem editum neminem ad legitimam hæreditatem admiſerit.—*Harv.* Exercitat. de Partu.

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The common time of uterogeſtation in women is forty weeks, or nine calendar months; and ſome men of ability and candour have been perſuaded, that it is poſſible for them to proceed as far as ten calendar months. By the laws of this country the term is not preciſely limited; ſo that if any caſe ſhould occur, in which this matter might be litigated, the deciſion would rather depend upon the circumſtances, or upon the confidence placed in the teſtimonies of the medical witneſſes, than upon any proof or conviction of the nature of the thing to be decided.

There muſt in general be much difficulty in determining with abſolute preciſion the time of uterogeſtation in individual women. But I have met with ſeveral inſtances of thoſe who, from particular contingencies, ſuch as the caſual intercourſe with their huſbands, or their return to or abſence from them for a particular time, have been able to tell exactly when they became pregnant; and none of theſe have exceeded forty weeks. I am therefore perſuaded, that the term of uterogeſtation is as accurately limited in women as in animals. I do not mean that it is completed to a minute or an hour, as has been ſurmiſed, becauſe the birth of the child may be delayed by a multiplicity of accidents. But parturition will be accompliſhed, or the parturient diſpoſition will take place, before or at the expiration of forty weeks from

the time of conception. Nor does it ſeem reaſonable that a law of nature, which is not altered by the differences of age, by the diet, by the extremes of climates, by the ſeverities of ſlavery or the indulgences of luxury, ſhould be changed by circumſtances of leſs importance.

But the examples of women who have brought forth their children apparently in a perfect ſtate, and of a proper ſize, before the full time of pregnancy, are innumerable. As there is no mark in the external appearance, or internal conformation, which enables us to determine with preciſion whether a child has remained in the *uterus* its full time, this muſt continue doubtful, except as far as we are able to judge by the general probability, or by the ſize of the child. So many accidents occur, which may give to the *uterus* its diſpoſition to expel the child, that its premature expulſion can never be the occaſion of ſurpriſe; not to mention, that there is in particular women a ſpecific time, as the thirty-ſeventh or thirty-eighth week, beyond which they never paſs in many ſucceeding labours.

Though it ſhould be allowed that the natural term of pregnancy in women is forty weeks, there will be ſome difficulty in making the calculation. The diſappearance of the *menſes* is uſually the firſt change, which occaſions a ſuſpicion of pregnancy; and might therefore be eſteemed

eſteemed the era, from which we are to date its commencement. But, though women are more apt to conceive ſoon after than juſt before menſtruation, they may become pregnant at any part of the time between the two periods, when they did, and when they were expected to menſtruate. In order to avoid any great errour it is cuſtomary therefore to take the middle time, and to reckon forty-two weeks from the laſt act of menſtruation, by which method, if we are rightly inſtructed, we may avoid any egregious miſtake.

Women who give ſuck, and who do not menſtruate, ſometimes become pregnant, and having no alteration by which they can make any reckoning of the time of their delivery, all is left to conjecture. But there is uſually, in theſe caſes, a ſhort and imperfect menſtruation, which denotes the time when the *uterus* was in a ſtate fitted for conception. Some women alſo have conceived, who never did menſtruate regularly, or in whom menſtruation had been interrupted for many months. We can then only judge of the time when they conceived, by ſuch ſymptoms and appearances as ſhowed that they had acquired the diſpoſition to menſtruate, and would have menſtruated if they had not conceived. All calculations founded on the time of quickening, the ſize of the patient, and the like circumſtances, amounting only to conjecture, muſt be very liable to miſtake.

Some inconveniences are produced by attempts to make exact reckonings for pregnant women; for when the time fixed for their delivery is paſt, the errour creates much ſolicitude and impatience. When therefore it is neceſſary to give an opinion on this ſubject, it is better to mention ſome time beyond that which we really ſuppoſe; or, on the whole, it would perhaps be better, that labour ſhould always come on unexpectedly.

SECTION III.

At the expiration of forty weeks the proceſs of labour commenceth; and various opinions have been given with a view of explaining its cauſes. Of theſe opinions, which have been ſuppoſed to conſtitute a very important part of obſtetric knowledge, we ſhould not be ignorant, as it appears that the practice of midwifery has really been very much influenced by them.

It was ſaid by all the ancient writers, that a child was born by its own efforts, which it was incited to make by the neceſſity it felt of breathing cool air, for the purpoſe of moderating that heat which was generated by its long confinement in the *uterus*; or by the want of nouriſhment, the ſources of which failed, or were become depraved; or by the acrimony of the *meconium* and humours of its own body. By ſome the cauſe aſſigned for the exertions of the *fœtus*

was

was the want of room for its further growth and enlargement; and that by its efforts it eſcaped out of the *uterus*, as out of a priſon in which it had been conſtrained. By others it was preſumed, that there was ſome analogy between the ripeneſs and falling of fruit, and the perfection and birth of a child. The peculiar cauſe was unimportant, but, from a general perſuaſion of the principle, it was preſumed, that the eaſe or difficulty with which labours were completed, depended upon the ſtrength or activity of the child. Another concluſion certainly followed: when the child was feeble the labour muſt neceſſarily be ſlow; and in caſes of unuſual difficulty we might be aſſured, that the child was dead, or could not poſſibly be ſaved. Of courſe, whenever the aſſiſtance of art was required, there was no occaſion to regard the child, the exiſtence of the difficulty proving the death or impoſſibility of preſerving the child. If we had no other circumſtance, by which the practice of the ancients could be compared with that of the moderns, this alone would decide in favour of the latter. Many expreſſions are, however, in uſe at the preſent time, which are founded on this opinion of the ancients; and it is not clear, that practice is not, in ſome inſtances, yet influenced by it.

No fact is more inconteſtably proved, than that a dead child, even though it may have become putrid, is commonly born after a labour

as regular and natural in every part of the proceſs as a living one; and that children, after labours accompliſhed with the moſt extreme difficulty, will often be born not only living, but in perfect health. There muſt then be ſome other principle of birth beſides the efforts of the child, which in fact appears to be wholly paſſive.

It was by later writers ſuppoſed, that the child was expelled by the action of the *uterus*, aided by that of the diaphragm and abdominal muſcles. This doctrine, which I believe was firſt advanced by *Fabricius ab Aquapendente* *, is the baſis of all the modern improvements in the practice of midwifery; and it is ſo indiſputably proved, by the occurrences both in natural and difficult labours, that its truth is now almoſt univerſally admitted.

Ingenious men were not ſatisfied with the obſervation of the fact, but they endeavoured to diſcover the principle of the action of the *uterus*, and to aſſign reaſons for its coming on at a particular time. It was ſurmiſed that this expulſatory action of the *uterus* depended upon its form or ſtructure, or its inability to bear further diſtention; or upon its heat or coldneſs, dryneſs or moiſture; or upon the diſtinction of its muſcular fibres, which were ſaid to be arranged in a peculiar direction; or to the effort to men-

* Simul expultrix uteri facultas extemplò inſurgit, et excitatur.—See *Cap.* lxxxvi.

ſtruate

ſtruate when the veſſels of the *uterus* were incapable of containing a greater quantity of blood than was already collected in them. Of theſe and many other opinions it would be uſeleſs to debate; but, as all viviparous animals bring forth their young at regularly ſtated times, and by proceſſes generally alike, it would not be judging according to any philoſophical rule, to attribute as the immediate cauſe of parturition, or of parturition at any certain time, a circumſtance peculiar to any individual claſs of animals.

The opinions of men upon the ſame ſubject are often in direct oppoſition to each other: and ſome, fearful that truth is not to be found in either extreme, have ſteered a middle courſe between the doctrines of the ancients and moderns. Theſe have ſuppoſed that child-birth is not completed ſolely by the efforts of the child, or by thoſe of the parent, but by the conjunction of their efforts. Of this opinion, which participates of the errour of the ancients, there have been few ſupporters; and the arguments in its favour have been drawn from obſervations made in the firſt inſtance on vegetables and oviparous animals. How far the diſcovery of the particular cauſe of the birth of a child might lead to the improvement of practice it is impoſſible to determine. The knowledge of the fact, that children are expelled, has evidently been productive of much advantage; but the attempts to inveſtigate the cauſe do not give us more ſatisfac-

tion than old *Avicenna*, who, with great humility and devotion, fays, "At the appointed time, labour comes on by the command of God."

SECTION IV.

It was before obferved, that pregnancy and parturition have ufually been mentioned as diftinct operations of the conftitution. But it feems better to conſider every change in the animal economy, from the time of conception to the birth of the child, as forming a ſingle proceſs, conſiſting of ſeveral parts, each perfect in itſelf, and at the ſame time a cauſe of ſome ſubſequent change neceſſary for the completion of the whole; and though there is no preciſe line to the different parts of this proceſs, they readily admit of diſtinctions, by which they are more eaſily comprehended, and more expeditiouſly and accurately deſcribed. Thus, previous to the act of parturition, many changes take place in the conſtitution, which indicate its approach; and theſe have been called the predifpoſing ſigns of labour. The time of their appearance is different, being in ſome women ſeveral weeks, and in others only a few days, before the commencement of labour: but they univerſally take place, unleſs the labour be precipitated by ſome accidental influence: and the more perfectly theſe changes are made, and the longer the time

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of their preceding the labour, the more natural and kindly will the proceſs generally be.

There is firſt, a gradual ſubſidence of the *fundus* of the *uterus*, and whole *abdomen*, ſo that women often appear, and really are, leſs in the ninth than in the eighth month of pregnancy. This is a good indication, becauſe it ſhows that the *fundus* and all the other parts of the *uterus* are diſpoſed to act; and on the equality of this diſpoſition the efficacy of its action will very much depend. When there is no ſubſidence of the *abdomen*, or but little, and the patient complains, even in the time of labour, that the child is very high, it is always unfavourable; being a proof that the *fundus* of the *uterus* is in an inactive ſtate, or acting improperly.

There is ſecondly, a diſcharge of *mucus* from the *vagina*, which in the beginning is of the kind often obſerved in the *fluor albus*; that is, a mere augmentation of the ſecretion from the glands of the *vagina* and neighbouring parts; but, by a gradual alteration in ſome inſtances it becomes extremely viſcid and tenacious, or that which was originally of ſuch texture is diſcharged. This is very remarkable in ſome animals whoſe bodies are expoſed to view, eſpecially in cows; and it is a ſign that the parts concerned in parturition are in a ſtate diſpoſed to dilate, which diſpoſition is farther improved by the diſcharge.

Thirdly, in early pregnancy the external parts of

of generation are in a natural ſtate, or at ſome periods rather more contracted than uſual: but when the time of labour approaches there is a gradual enlargement and relaxation of them, with ſome degree of protruſion. This change alſo is to be obſerved in animals only; but, from their complaints, and the repreſentation of their feelings towards the concluſion of pregnancy, there is every reaſon to believe, that a ſimilar change takes place in women.

Fourthly, it was obſerved that the breaſts very readily and generally ſympathize with the *uterus* in all its affections, and particularly that they are enlarged immediately after conception. There is alſo a gradual change in them from that time to the approach of labour, when they are perfectly fitted for the ſecretion of milk; which when ſecreted in a more mature ſtate, or in an increaſed quantity, may be eſteemed a ſign that the time of labour is drawing near. Some animals, the *pecora* for inſtance, though the quantity of milk has gradually declined, have continued to give ſuck during pregnancy, without any apparent alteration in the quality of their milk, till they approached the time of parturition, when it was found to be much changed in its conſiſtence, colour, and properties, a new mode of ſecretion being evidently eſtabliſhed.

Fifthly, by the inſertion and diſpoſition of the ſacroſciatic ligaments the principal firmneſs

neſs is given to the connexion of the bones of the *pelvis*. In animals not with young theſe ligaments are very ſtrong and rigid, and make a reſiſtance to any external preſſure almoſt as firmly as if they were offified. But when the time of parturition is at hand their ſtrength and rigidity gradually decline, and they feel ſcarcely more firm than a duplicature of the ſkin. In conſequence of this relaxation of the ligaments, animals change their manner of walking, by projecting the weight of the body on each ſide alternately, rather than by advancing the feet. There is ſuch an appearance as juſtifies the uſe of the popular expreſſion; for they literally ſeem *falling in pieces*. In women theſe changes cannot be ſo well obſerved; but there are many reaſons to be drawn from their manner of walking, and from their repreſentations, which would induce us to believe, that ſimilar ones take place in them as well as in animals *.

Sixthly, all animals, wild or domeſticated, aſſiduouſly endeavour to provide a ſafe and comfortable habitation for their young, when the time of bringing them forth draws near †. The actions of mankind are always attributed

* Sacri et pectinis oſſium cum coxendice copula, quæ ſit per ſynchondroſin, adeo emollitur et ſolvitur, ut dicta oſſa facile exeunti fœtui cedant, et hiantia regionem totam hypogaſtricam ampliorem reddant.—*Harv.* Exercitat. de Partu.

† Accedente pariendi tempeſtate ad ſolita loca revertantur, ut ſtabula vel nidos ſuos tuto extruant, ubi fœtus pariant, foveant, alantque.—*Harv.* Exercitat. de Partu.

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to, and uſually proceed from, more dignified and commendable principles than thoſe of animals. But in many natural actions, which are too powerful to be controlled, or not without great difficulty, by inſtructions, manners, or cuſtoms, they may often be obſerved to act inſtinctively; and this is in no caſe more remarkable than in ſuch actions as relate to childbearing and to children. From inſtinct, therefore, and not reaſon, it may be preſumed, the choſen and favourite employments of pregnant women are thoſe, which in ſome way or degree relate to the expected bleſſing; and an unuſual ſolicitude about the preparation of ſuch things as may be neceſſary or convenient to the child, in the advanced ſtate of pregnancy, may be conſidered as a ſign, that the time of labour is approaching.

SECTION V.

BEFORE we proceed to the hiſtory of labours, it is neceſſary that we ſhould ſpeak of the operation, if it deſerves the name, by which we are to acquire our information. This is deſcribed by the term examination, or examination *per vaginam*. When inſtituted at the time of labour, it is popularly called *taking a pain*, which explains the opinion entertained of it by women. Concerning this operation two things are to be obſerved; firſt the manner in which

patients

patients are to be examined; and, fecondly, the information to be gained by the examination.

The poſition in which women are placed, when it is thought neceſſary to examine them, varies in different countries. In ſome the examination is made when they ſit in a chair or ſtool contrived for the purpoſe; in others when they kneel by the ſide of a bed; and in others in a recumbent poſition. But in this country, at the preſent time, almoſt univerſally, women repoſe on a couch or bed, upon their left ſide, with their knees bent and drawn towards the *abdomen*; and this is by far the moſt convenient as well as decent. It is not requiſite, or poſſible, to enumerate every circumſtance, to which it is neceſſary to pay attention: but it muſt be an invariable rule, never to propoſe an examination *per vaginam* but as a matter of abſolute neceſſity, and in the preſence of ſome attending perſon. It is alſo to be performed with the utmoſt care and tenderneſs, and the ſtricteſt regard to decency; for, unimportant as the operation in itſelf really is, an opinion is formed by the manner of doing it, of the ſkill and humanity of the practitioner, and of the propriety of his conduct.

An examination *per vaginam* may be needful to diſcover and diſtinguiſh diſeaſes of the *uterus* and contiguous parts; to aſcertain whether a woman be pregnant, or how far ſhe is advanced

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in her pregnancy; to determine whether she be in labour, or what progress that has made; if the presentation of the child be natural; if the *pelvis* be well formed or distorted; and on many other occasions.

The state of the parts examined, under all the incidents before recited, is different from the natural; but of the deviations of every kind, and in every degree, it is impossible to form a judgment, unless we have previously obtained an accurate idea of their natural state. This forms the true standard by which we are to judge of every change, natural or morbid; and the faculty of discriminating the various diseases or alterations can only be acquired by frequent practice, no abstract rule being sufficient for the purpose. It may indeed be said, that, in some diseases of the *uterus*, especially those disposed to become cancerous, the *os uteri* is enlarged, or elongated, indurated, thickened, fissured, spongy, and uncommonly tender when touched; or patulous, or with the *labia* somewhat reverted; lying too low in the *vagina*, disengaged or firmly attached to the adjoining parts. But in others, as the *polypus*, hydatids, inflammation, or a glandular enlargement of the *uterus*, the state of the parts, (except the simple enlargement of the *uterus*) or the sensation they give, cannot be described by words, without an antecedent agreement what those shall be called which we have before felt or seen. We are often able to distinguish the changes made in

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the body of the *uterus* by an examination *per anum* more perfectly than by any other method.

As it is extremely difficult, if not impoſſible, to determine, by an examination *per vaginam* in the early part of pregnancy, whether a woman be with child, it is then prudent to evade the operation; becauſe it is always expected, that we ſhould afterwards ſpeak with preciſion and confidence. For the *fundus* of the *uterus* being the part firſt diſtended in conſequence of conception; and the *cervix*, which is the only part we can feel, not beginning to ſhorten in any diſtinguiſhable way before the termination of the fourth month of pregnancy; not to mention the natural varieties in the ſtructure and ſize of the parts in different women, and the alterations which may be cauſed by the attachment of the *placenta* to different parts of the *uterus*, or by thoſe diſeaſes which reſemble pregnancy, we ſhall ſee ſufficient reaſon for putting off this kind of inquiry. A cautious practitioner will not therefore, on any account, examine before a ſuitable time, becauſe he cannot gain information, to ſupply him with proper ground on which to form the opinion required of him, that will not be extremely ſubject to errour. Perhaps this limitation may not be ſufficiently ſtrict, and it is better to ſay, in general terms, that the longer we defer the examination, the greater probability there will be that we ſhall not be deceived, or diſappointed of the information

tion we want. In all cafes likewife of doubtful prognoftic, it is prudent to avail ourfelves of every advantage, which a knowledge of the collateral circumftances can afford, before we give our opinion.

Nor is there lefs difficulty, when we are aflured that a woman is with child, in deciding, by an examination *per vaginam*, how far fhe is advanced in her pregnancy. An opinion of this muft be formed on the eftimation we make of that portion of the *cervix uteri*, which we fuppofe fhould remain undiftended at any individual period of pregnancy. But as the *cervix uteri* naturally varies in its length in different women, of courfe the portion which remains undiftended at any precife time muft vary; and all that can be juftly faid upon the fubject will only deferve the name of conjecture. It is therefore more judicious not to hazard an opinion fingly upon the information gained by an examination *per vaginam*, when any determination of importance is to be made; but, as in the former ftatement refpecting the exiftence of pregnancy, to act with caution, and to collect all the information we can get from other circumftances, before we prefume to give a decided opinion.

When a woman is at or near the full period of uterogeftation, it may be determined whether fhe is in labour by the ftate of the *os uteri*. By the dilatation of the *os uteri* during the continuance,

tinuance, and not by its relaxation in the abſence of a pain, we are to judge that the patient is in labour; for a conſiderable degree of relaxation of the *os uteri* is ſometimes found to take place ſeveral days, or even weeks, before the commencement of labour; though it is generally in a contracted ſtate, till it is diſtended in conſequence of the preſſure made by ſome part of the *ovum* urged upon it by the acting *uterus*. By the time which has been required to produce a certain degree of dilatation, we may gueſs with tolerable exactneſs the general duration of a labour, provided the action of the *uterus* ſhould continue with equal energy; becauſe on this, as well as on the ſtate of the parts, the progreſs of a labour muſt depend. But ſo many unexpected circumſtances occur, which may accelerate or interrupt a labour in its progreſs, that it will uſually be a proof of wiſdom, to be ſilent upon this ſubject; at leaſt not to advance our opinions with confidence, but to offer them, when demanded, with heſitation and reſerve, as the circumſtances of the caſe do not juſtify our giving a poſitive opinion.

The manner in which the child preſents may generally be diſcovered by an examination in the beginning of labour; for, though we ſhould not be able to diſtinguiſh any part through the membranes, in the intervals between the pains (when only the attempt for this purpoſe ought

to be made), if the head presents it may be perceived through the anterior part of the *cervix uteri*, resting upon the *ossa pubis*, in some cases so early as the fifth month of pregnancy. When any other part presents, we can in general only discover through the membranes that it is not the head, by its smallness and the want of that resistance which is made by the head; and if we can feel no part presenting, though it does not certainly follow, it is not amiss to conclude, that it is not the head; and then in our report to the friends we shall express ourselves with some doubt, and be prepared to give assistance at the time when the membranes break, if the presentation should be such as to require it.

After an examination *per vaginam*, our opinion is constantly demanded as to the prospect of an easy or difficult labour. If the presentation of the child be natural, the *pelvis* well formed, the soft parts in a relaxed state, and the patient free from disease, we may safely assure her friends that all the appearances are promising, and that the labour will be finished, in all probability, with perfect safety both to the mother and child. But of the slowness or celerity of a labour great experience and attention can only give that maturity of judgment, which enables us to form an opinion with tolerable precision; yet the same experience having often shown the uncertainty of any determination, will point out the propriety of leaning

leaning rather to the ſide of doubt than of confidence. It is not a little extraordinary, how often we may obſerve labours proceeding in regular circles of time, as four, ſix, twelve, or twenty-four hours, from the firſt alarm or token; or how frequently their progreſs is ſuſpended in the day time, particularly in very warm weather, as will be more particularly obſerved.

CHAPTER IX.

SECTION I.

ON LABOUR.

HAVING given a deſcription of all the parts concerned in parturition and ſhown the peculiarities of the female conſtitution, having enumerated the principal alterations produced in the conſtitutions of women during pregnancy, and having farther taken notice of all the previous changes, we come in the next place to the conſideration of a *Labour*. This term is generally uſed to ſignify every act performed with difficulty or pain; but by long eſtabliſhed cuſtom it has been appropriated in this and many other countries to parturition, the circumſtances of which it is well ſuited to deſcribe.

Before we proceed to the hiſtory of labours, it is requiſite that we ſhould divide them into claſſes or kinds; and, though objections might be made to any very ſtrict arrangement, ſome appears to be both convenient and neceſſary, for the purpoſe of enabling us to convey our ſentiments

timents with perſpicuity to others, and for real uſe in practice.

With theſe intentions, labours may be divided into the four following claſſes:

1. Natural.
2. Difficult.
3. Preternatural.
4. Anomalous.

Under one or other of theſe diſtinctions every kind of labour which can occur may be reduced.

SECTION II.

NATURAL labours, which have had their denomination from their frequency, or from the ſhortneſs of the time required for their completion; from the regularity of the manner in which they proceed, or from their being accompliſhed by the unaſſiſted efforts of the conſtitution, form a ſtandard by which we are to judge of every other claſs. It is therefore neceſſary, that we ſhould obtain as preciſe an idea of theſe as the ſubject will allow. We will then ſay, that every labour ſhall be called *natural*, if the head of the child preſent, if the labour be completed within twenty-four hours, and if no artificial aſſiſtance be required.

Should any of theſe three leading marks in the definition of a natural labour be wanting, it muſt come under ſome other denomination.

Thus, if any other part except the head ſhould preſent, the labour would be *preternatural*; if it ſhould be prolonged beyond twenty-four hours it would be *difficult*; and if the circumſtances were ſuch as to require aſſiſtance, though the labour might be completed within one hour, it would be *anomalous*, or muſt be referred to ſome other claſs.

The preſentation of the head of the child conſtitutes an eſſential part of the definition of a natural labour; yet this may happen in various ways. The moſt common poſition of the head, and that in which it is expelled with the greateſt facility, is when the hind-head is diſpoſed to turn towards the *pubis* and the face towards the hollow of the *ſacrum*. But the face is ſometimes inclined towards the *oſſa pubis*, and the hind-head towards the hollow of the *ſacrum*; or there may be an original preſentation of the face; or one or both arms may deſcend together with the head. Theſe differences in the poſition of the head do not conſtitute labours of another claſs; but they are to be conſidered merely as varieties of natural labours, provided the other circumſtances correſpond; experience having fully proved, that, in any of theſe poſitions, the head may be expelled by the natural efforts with perfect ſafety to the mother and child, though not generally with ſuch eaſe and expedition as if the hind-head was turned towards the *pubis*. It muſt alſo be obſerved, though another part of the definition

tion be taken from time, that it is poſſible for one woman to make greater efforts, and to undergo more pain, in two hours, than another may in twenty-four. Then the definition will be imperfect; as almoſt all general diſtinctions muſt be, when they come to be examined and tried by individual caſes.

A natural labour was the laſt thing well underſtood in the practice of midwifery; becauſe ſcientific men, not being formerly employed in the management of common labours, had no opportunity of making obſervations upon them. Practitioners were then engaged in qualifying themſelves for the manual exerciſe of their art, whenever they might be called in to give aſſiſtance, and not in making nice diſtinctions or inveſtigating the particular caſes, in which only it might be neceſſary to exerciſe it.

SECTION III.

We have before given an account of the changes which precede labours, and are now to give a detail of the ſymptoms which accompany them.

The firſt ſymptom which indicates a preſent labour is anxiety, or that diſtreſs which uſually ariſes from the apprehenſion of danger, or doubt of ſafety. This does not ſeem to be confined

to the human ſpecies but to be common to all creatures, as they univerſally ſhow ſigns of dejection and miſery at this time, though they ſuffer in ſilence; and even thoſe animals which are domeſticated ſtrive to conceal themſelves, and refuſe all offers of aſſiſtance. This anxiety, which is probably occaſioned by the firſt changes made upon the *os uteri*, and by the conſent between the vital organs and that very irritable part, is often exceedingly increaſed by an original timidity of diſpoſition, eſpecially with firſt children; or by the diſcovery of untoward accidents happening to other women under the ſame circumſtances, with whom a ſimilarity of ſituation is the cauſe of a very intereſting ſympathy. From motives of humanity as well as profeſſional propriety, it is therefore at theſe times neceſſary, by ſteady conduct, and by arguments ſuited to the patient's own notions, or the peculiar cauſe of her fears, to remove her apprehenſions; and, by ſoothing and encouraging language, and by attention to her complaints, though not indicatory of any danger, to afford her every conſolation in our power. This anxiety is greateſt in every woman in the beginning of labour, for the ſharp pains which attend its progreſs generally excite other ſentiments in her mind. But we are at all times to be on our guard, that her fears or ſupplications for relief do not prevail with us, to attempt to give aſſiſtance, when our interpoſition

poſition is not required, and when it muſt neceſſarily be productive of miſchief.

2. At the commencement of labour, and ſometimes on the return of every pain, women have frequently one or more *rigors*, with or without a ſenſe of actual cold in their inferior extremities, or of the whole body. Theſe are not to be conſidered as ſigns of the acceſſion of diſeaſe, but as the effects of an increaſed irritability ſpread through the whole frame; or perhaps as proofs, that all the powers of the conſtitution are ſummoned to contribute towards the important proceſs, which is carrying on. Theſe *rigors* are void of danger, and they are moſt apt to occur when the *os uteri* begins to dilate, and when it is upon the point of being fully dilated. But in the courſe of a labour, perhaps in all other reſpects natural, but more eſpecially in thoſe which are either difficult or very lingering, when there is one ſtrong and diſtinct *rigor*, it is often followed by ſome diſeaſe, dangerous either to the mother or child.

3. When the head preſents, and ſcarcely in any other poſition of the child, women have generally ſome degree of ſtrangury in the latter part of pregnancy; and this ſymptom is increaſed on the approach of labour, by the preſſure of the deſcending head upon the *cervix* of the bladder. Should the preſſure be very great or of long continuance, a ſuppreſſion of urine may

may be occaſioned before or in the time of labour. To prevent the inconveniences which might ariſe from a diſtention of the bladder, either to the part itſelf, or by obſtructing the paſſage of the head, it is neceſſary to urge the patient to void the urine frequently; and in caſe of a ſuppreſſion, to give relief by introducing the catheter. On the other hand, ſhould the preſſure by the head be made upon the *fundus* of the bladder, there will be an involuntary diſcharge of urine at the time of her enduring every pain; or, if there ſhould be any extraordinary agitation from a cough, or any ſimilar cauſe, before delivery, there will be the ſame conſequence, which is very diſagreeable and troubleſome but not dangerous.

4. It is not unuſual for patients to have a *teneſmus*, or one or two, or more looſe ſtools in the beginning or courſe of a labour. Both theſe ſymptoms may be occaſioned by the conſent between the *os uteri* and the *ſphincter* of the *anus*, or by the preſſure made upon the *rectum*, as the head enters into or paſſeth through the *pelvis*. There is in the minds of all women a popular prejudice and unreaſonable dread of complaints in the bowels through every ſtage of pregnancy, parturition, and childbed; and of courſe there is never any objection, but, on the contrary, a willingneſs to uſe ſuch means as are adviſed to ſuppreſs them, or reſtrain any diſpoſition to a *diarrhœa*. The errour has ariſen from their confounding the looſeneſs, which often accompanies

accompanies the laſt ſtage of the puerperal fever, with that which proceeds from any other cauſe. But the *diarrhœa* which attends the beginning or courſe of a labour is ſo far from occaſioning or from indicating any danger, that the patient is evidently relieved by it; a greater freedom being given to the action of the *uterus*, more room made for the paſſage of the child, and any feveriſh diſpoſition thereby removed or prevented. If therefore the patient ſhould not at that time have ſtools ſpontaneouſly, it is very ſound practice to direct one or more emollient clyſters for the before mentioned purpoſes. Nor are theſe the only good ends which are anſwered by clyſters; for they ſooth and give a proper bent to the parts when too much or improperly irritated; and ſerve alſo as a fomentation, which, by its warmth and moiſture, may give or amend their diſpoſition to dilate. In very ſlow labours, when the head of the child has dwelt for a long time in one poſition, it is not unuſual for the patient to have one or more copious and looſe ſtools immediately before the advancement of the head, after which the labour is ſoon concluded.

5. The uncoloured mucous diſcharge from the *vagina*, which pretty generally occurs before labour, on its acceſſion is uſually tinged with blood, or a ſmall quantity of pure blood is diſcharged. This ſanguineous diſcharge, which varies in quantity and appearance in different women,

women, is popularly called a *ſhew*, and it happens more particularly at two periods of a labour; when the *os uteri* begins to dilate, and when it is finally dilated. In the firſt inſtance it is probably occaſioned by the ſeparation of a few of thoſe veſſels, by which the membrane, which connects the *ovum* to the *uterus*, was originally bound; and in the ſecond by the effuſion of ſome blood before extravaſated in the ſubſtance of the *os uteri*; for this part in ſome caſes acquires an uncommon thickneſs from that cauſe, independent of any edematoſe or inflammatory tumefaction. In many caſes there is no coloured diſcharge in any period of a labour, and then the dilatation generally proceeds more ſlowly; for the diſcharge is a ſign, that the parts are in a ſtate diſpoſed to dilate, but it alſo improves that ſtate. It is not only in colour or quantity that there is found much difference, either in the ſanguineous or mucous diſcharge, but alſo in the conſiſtence and tenacity of the latter; it being in ſome caſes thin and watery, and in others thick and extremely viſcous.

6. But all theſe ſymptoms are not poſitive proofs of the exiſtence of labour; for we cannot conſider a woman as being in actual labour, unleſs ſhe has the uſual pains. Nor does all pain in the region of the *uterus* certainly prove that a woman is in labour, becauſe ſuch pain may be excited towards the concluſion of pregnancy by

various cauſes beſides the action of the *uterus*. Theſe pains are therefore diſtinguiſhed into two kinds, *true* and *falſe*; but the ſeat, the manner, and the degree of theſe pains, often reſemble each other ſo nearly, that it is very difficult or impoſſible to diſtinguiſh them, unleſs by an examination *per vaginam*, or by waiting for the event.

The *true* pain of labour uſually begins in the loins or lower part of the back, ſurrounds the *abdomen*, and terminates at the *pubes*, or upper part of the thighs; and it ſometimes obſerves a quite contrary direction. In ſome caſes the pain is confined to one particular ſpot, as the back, *abdomen*, thighs, or inferior extremities; in others the pain is ſeated in ſome part far diſtant from the *uterus*, as in the knees, heels, or feet. In ſome the ſtomach is affected; in others, though very rarely, the brain; and then convulſions, or ſome derangement of its functions, are brought on. In ſhort, the varieties of pain as well as its effects, are innumerable; and theſe have been explained by what we really do know, or fancy we know, of the influence of the nervous ſymptom.

The pain attending a labour is periodical, with intervals of twenty, fifteen, ten, or five minutes, according to its progreſs, and as regular as the clock, but with a longer or ſhorter duration, according to the action of the *uterus*, on which it depends; and the more the pains are multi-

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plied the better it is for the patient. For, if an effect of great importance to the conſtitution is to be produced, the more ſlowly it is made, provided the ſlowneſs of the progreſs does not depend on any morbid cauſe, the more gradual will be the change, and of courſe the danger, which ſudden violence might produce, will be avoided or leſſened; the diviſion of the pain being equal to the diminution, nearly in the ſame proportion as rapidity is an addition to force. It is an old obſervation, confirmed by daily experience, that, after the completion of ſlow or lingering labours, patients uſually recover better, than after thoſe which are quick; not to mention, that they are leſs liable to the untoward accidents which precipitation may immediately produce.

Thoſe who endure any kind of pain expreſs their ſuffering by ſome peculiarity of manner, or by ſome tone of voice, which to a nice obſerver will generally diſcover the part affected, together with the kind and degree of pain, and the change it is effecting. Sharp pain is univerſally expreſſed by an interrupted and acute tone of voice; obtuſe pain by a continued and grave, tone, unleſs the expreſſions are controlled by an acquired firmneſs of mind, which on particular occaſions may enable it to riſe above the infirmities of the body. The expreſſions of pain uttered by women in the act of parturition may be conſidered as complete indica-

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tions of the ſtate of the proceſs, ſo that an experienced practitioner is often as fully maſter of the ſtate of his patient, if he hears her expreſſions, as by any mode of examination. He muſt however underſtand and make allowances for the peculiarities of different patients, or he will be deceived; becauſe in tender conſtitutions, the ſenſations being quick and the reſolution faint, the mode of expreſſion will be according to the ſenſe, and not in proportion to the degree of abſolute pain.

In the firſt ſtage of a labour the change conſiſts in the dilatation of the parts. Forcible or quick dilatation gives a ſenſation ſimilar to that produced by the infliction of a wound, and it is equally expreſſed by an interrupted and acute tone of voice. Theſe are popularly called *cutting*, *grinding*, or *rending* pains. When the internal parts are dilated, and the child or contents of the *uterus* begin to deſcend, the patient is by her feelings obliged to make an involuntary effort to expel; and the expreſſions are then made with a continued and grave tone of voice, or ſhe is mute. Theſe are called *bearing* pains. But there is an intermediate period of a labour in which there is in the firſt inſtance ſome degree of dilatation, and afterwards an effort to expel; and then there will be the expreſſion which denotes ſharp pain, combined, or immediately ſucceeded by a graver tone of voice. When the child firſt begins to preſs upon and

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to dilate the external parts, the expreſſion becomes again acute and vehement; and laſtly, the expulſion of the child is often accompanied with an outcry of ſuffering beyond what human nature ſeems able to bear; or the pain is endured with ſilence. The knowledge of theſe circumſtances, though apparently trifling and contingent, is really of ſome importance in practice; and they are permanent, as far at leaſt, as the freedom or reſtraint of the breathing can operate. If, for example, on any principle the patient was induced, in the beginning of labour, to retain her breath, and to make ſtrong efforts to expel, the order of the labour would be inverted, as it would alſo be when the parts were dilated, and the expulſatory power wanted, if ſhe ſhould exclaim.

The pains of labour or childbirth, and the action of the *uterus*, are terms uſed ſynonymouſly; but they are not exactly the ſame thing. The action of the *uterus*, by which its contents are compreſſed into a leſs ſpace, and would be excluded if there was any opening for their paſſage, firſt takes place as a cauſe; and this does not ſeem to be attended with pain. When ſome part reſiſts the paſſage of the contents of the *uterus*, the excluſion of which is the effect to be produced, there will then be pain proportionate to the action, to the ſenſation of the reſiſting part, and the reſiſtance made. There is no way by which we can eſtimate the degree

degree of force but by the reſiſtance; nor the reſiſtance but by the pain attending it; nor the pain but by the expreſſion. Judging by induction of the force exerted, by the expreſſion of the pain, we ſay in common language a weak pain, a ſtrong pain, or a woman is delivered by her pains; and the purpoſe of conveying our meaning is anſwered, though the expreſſions are not ſtrictly logical. We may ſuppoſe the parts, through which the child muſt paſs, ſo perfectly diſpoſed to dilate, that they would make little or no reſiſtance to the excluding force, and then a woman would be delivered with little or no pain. This obſervation will not only diſcover the reaſon of the great advantage obtained by a labour being ſlow and lingering; and why ſome women are delivered comparatively without pain; but, with this perfect diſpoſition to dilate, if the patient ſhould be aſleep when the action of the *uterus* came on, of the poſſibility of her being delivered before ſhe was quite awake.

In the converſation of thoſe who attend labours it is often ſurmiſed, that women have much unprofitable pain. This ſtatement is not only unfair as to the fact, but the language is very diſpiriting; and it is often aſſigned as a reaſon for an interpoſition altogether unneceſſary, and often injurious to the mother or child. No perſon in labour ever had a pain, depending on her labour, which was in vain. It may not

be equal to the accompliſhment of the effect we want, or at the time we wiſh, but every pain muſt have its uſe, as preparatory to, or abſolutely promoting, the effect; and, as we are not able to comprehend every poſſible cauſe of every ſtate, by endeavouring to remove what appears to be one ſlight ill, it often happens that we occaſion many, and thoſe of greater conſequence. Therefore whether the pains, which any woman in labour may have, produce an immediate effect or not, it is our duty to wait with patience, provided there be no tokens of danger; becauſe the natural order of proceeding requires a ſucceſſion of pains.

Though the pains of labour return periodically, the intervals between them are of different continuance. In the beginning the pains are uſually ſlight in their degree, and have long intervals; but as the labour advances they become more violent, and the intervals are ſhorter. Sometimes the pains are alternately ſtrong and weak, or two feeble and one ſtrong; and there is reaſon to think, that every variety has its advantage, by being ſuited to the apparent or real internal ſtate of every individual patient. In every circumſtance, which relates to natural parturition, it is impoſſible not to ſee, and not to admire, the wiſdom and goodneſs of Providence, in ordaining the power, and fitting the exertion to the neceſſities of the ſituation, with a marked reſpect to the ſafety both of the mo-

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ther and child. This perfect coincidence between the cauſe and effect ſhould afford a leſſon of patience to thoſe perſons, who when in labour become intractable, and, by loſing their ſelf-poſſeſſion, add to the unavoidable evils of their ſituation; and to thoſe practitioners, who, being led away by popular errours, aim to add to the ſtrength of the pains, or to quicken their returns, and act as if they thought there was no other evil but that of a ſlow labour; an opinion which in its conſequence has done more miſchief than the moſt ſkilful practice ever did good.

SECTION IV.

THOUGH it was ſaid, that pain was, properly ſpeaking, a conſtituent part of a labour, it was alſo obſerved, that all pain in the region of the *uterus* near the full period of geſtation, though periodical in its returns, was not a poſitive proof of the exiſtence of a labour. For whatever diſturbance is raiſed in the conſtitution, eſpecially in thoſe parts connected or readily conſenting with the *uterus*, or with which the *uterus* may reciprocally conſent, towards the concluſion of pregnancy, it is very apt to induce the ſymptoms of labour, in a manner which makes it difficult to diſtinguiſh between *true* and *falſe* pain. Yet the good of the patient, as far as relates to the proper con-

duct of the enſuing labour, may depend upon the juſtneſs of the diſtinction; for if the pain, which is *falſe*, be encouraged or permitted to continue, the action of the *uterus* would follow, and premature labour be occaſioned.

The cauſes of falſe pain are various; as fatigue of any kind, eſpecially too long ſtanding; ſudden and violent motions of the body; coſtiveneſs, or a *diarrhœa*; general feveriſh diſpoſition; agitation of the mind, and a ſpaſmodic action of the *abdominal* muſcles. Very frequently alſo the irregular and ſtrong movements of the child, in irritable conſtitutions, occaſion pains like thoſe ariſing from the action of the *uterus* at the time of labour. In ſome caſes there is ſuch a cloſe reſemblance between the *true* and *falſe* pains, that they cannot be diſtinguiſhed without an examination *per vaginam*. If, during the continuance of a pain, no preſſure upon, or dilatation of, the *os uteri* can be perceived, we may conclude that the pain is not the conſequence of the action of the *uterus*; and whatever likeneſs it may have, that it is not *true* pain. But if there ſhould be preſſure upon, or dilatation of, the *os uteri* during the continuance of the pain, we may conſider it as proceeding from the action of the *uterus*, and be perſuaded that the patient is really in labour. In a few caſes, I have known the action of the abdominal muſcles ſo regular and ſtrong, that the whole volume of the *uterus* has been heaved

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up and down alternately, in ſuch a manner, that it was ſcarcely poſſible to diſtinguiſh between this ſtrange ſucceſſion and the proper action of the *uterus*; yet without any dilatation of the *os uteri*.

The means to be uſed for the relief of *falſe* pain muſt be guided by the cauſe. When it is occaſioned by fatigue of any kind, immediate eaſe will often be gained by a ſhort confinement in a horizontal poſition. In plethoric habits, or with a feveriſh diſpoſition, it will be neceſſary to take away ſome blood; and, when the patient is coſtive, to procure ſtools by emollient clyſters or gently opening medicines. In every caſe, when means adapted to the apparent cauſe have been uſed, it will be proper to give an opiate proportioned to the degree of pain, or to repeat it in ſmall quantities at proper intervals, till the patient ſhall be compoſed.

SECTION V.

It has been thought equally incumbent upon the practitioner to promote the power and effect of *true* pain, as it was to quiet that which was *falſe*. This opinion is perhaps more univerſally popular than any other throughout medicine; and having infected the minds of practitioners, it has been as injurious as general. From this ſource may be traced the

opinion of the neceſſity, and the abominable cuſtom of giving aſſiſtance as it is called, by dilating the internal and external parts artificially; of giving hot and cordial nouriſhment during labour, even in plethoric habits and feveriſh diſpoſitions, by which the nature of the principle which ſhould actuate the *uterus* is changed, the pains are rendered diſorderly and imperfect, and the foundation of future miſchief and difficulties, in one form or other, invariably laid. Hence alſo was derived the doctrine of the neceſſity of patients helping themſelves, as it is called, by urging with all the voluntary force they are able to exert beyond the dictates of nature; as if a labour was a trick to be learned, and not a regular proceſs of the conſtitution. Women ſhould be informed, that the beſt ſtate of mind they can be in at the time of labour is that of ſubmiſſion to the neceſſities of their ſituation; that thoſe who are moſt patient actually ſuffer the leaſt; that, if they are reſigned to their pains, it is impoſſible for them to do wrong; and that attention is far more frequently required to prevent hurry, than to forward a labour. In every thing which relates to the act of parturition, Nature, not diſturbed by diſeaſe, or moleſted by interruption, is fully competent to accompliſh her own purpoſe; ſhe may be truly ſaid to diſdain and to abhor aſſiſtance. Inſtead therefore of deſpairing, and thinking they are abandoned in the hour of their diſtreſs,

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all women ſhould believe and find comfort in the reflection, that they are at thoſe times under the peculiar care of Providence; and that their ſafety in childbirth is enſured by more numerous and powerful reſources, than under any other circumſtances, though to appearance leſs dangerous.

SECTION VI.

In order to give a full and diſtinct view of a natural labour, it is expedient to divide the proceſs into three periods or ſtages. In the firſt will be included all the circumſtances which occur, and all the changes made, from the commencement of the labour to the complete dilatation of the *os uteri*, the rupture of the membranes, and the diſcharge of the waters; in the ſecond, thoſe which occur between that time and thoſe effects and the expulſion of the child; and in the third, all the circumſtances which relate to the ſeparation and expulſion of the *placenta*.

In the beginning of labour the *os uteri* is found in very different ſtates in different women. In ſome it is extremely thin, and in others of conſiderable thickneſs; in ſome it is rigid and cloſely contracted, but in others it is much relaxed, and ſomewhat opened for ſeveral days, or even weeks, previous to the acceſſion of labour. In ſome caſes the *os uteri* remains

ſo high, that it can with difficulty be reached, in the centre of the ſuperior aperture of the *pelvis*, projected backwards or on either ſide; whilſt in others it is ſpread thin, and preſſed very low before it begins to dilate. There is, in ſhort, every variety of ſtate and poſition, which a part conſtructed and connected like the *os uteri* can be thought capable of undergoing.

The firſt part of the dilatation is generally made very ſlowly, the action of the *uterus*, on which it depends, being feeble in its power and ſlow in its returns; but the more perfect the ſtate of relaxation is, with the greater facility the dilatation will of courſe be made. This at the commencement is effected by the ſimple preſſure of the contents of the *uterus* upon the *os uteri*, which is a neceſſary conſequence of the action or contraction of the *uterus*; but when the dilatation is made to a certain degree, the membranes containing the waters of the *ovum* are inſinuated within the circle of the opening *os uteri*, and form a ſoft pillow, which, at the time of every pain, acting upon the principle of a wedge, operates with increaſing force according to the ſize it acquires; in conſequence of which the latter part of the dilatation uſually proceeds with more expedition than the former, unleſs the membrane containing the waters be previouſly ruptured.

There is no poſſibility of prognoſticating how long

long a time may be required for the complete dilatation of the *os uteri* in any individual cafe; yet a tolerable conjecture, fubject however to many deviations, may be formed by a perfon who has had much experience. If, for example, after the continuance of the pains for three hours the *os uteri* fhould be dilated to the fize of one inch, then two hours will be required for dilating it to two inches; and three hours more will be neceffary for dilating it completely, provided the action of the *uterus* fhould proceed with regularity and with equivalent ftrength. But in fome cafes the *os uteri* will abide in nearly the fame ftate for feveral hours; yet when the dilatation begins, it will foon be perfected. In others, after a certain degree of progrefs, the action of the *uterus* will be fufpended for many hours, and then return with great vigour; fo that all which could be faid on this fubject would in fact be conjectural.

With firft children this ftage often makes the moft tedious and important part of a labour, both on account of the longer time required for and greater difficulty in completing the dilatation of the *os uteri*, and becaufe the accompanying pain is more fharp and harder to bear, than that which is attended with the effort to expel; which never fails to infpire the patient with the hope of being foon freed from the mifery which fhe endures. When the parts

are to our apprehenſion in the ſame ſtate, there will be a wonderful difference in the manner of, and the time required for, their dilatation, in firſt and ſubſequent children. There might be much difficulty in exploring and aſcertaining the cauſe of this difference: but we may preſume that a part which is accuſtomed to perform an office, or undergo a change, acquires a readier diſpoſition to the office or change, according to the number of times it has performed that office, or undergone that change. Something of the kind may be obſerved in new-born infants, in which there is often a tardineſs in executing what may be conſidered as the common functions of the body.

As a labour advances, the intervals between the pains become ſhorter, and their force is increaſed. At the time of each pain the patient is reſtleſs, and ſolicitous for the event; but when it ceaſes, by a happy oblivion ſhe ſoon forgets it, and is unmindful of its return. In ſome conſtitutions the labour, inſtead of adding to the irritability of the habit, and exciting its powers to action, occaſions a degree of inſenſibility; or the patient falls into a ſound ſleep the moment the pain begins to abate, from which ſhe is awakened by its return. In others, the power exerted by the *uterus*, aided by that of the abdominal muſcles and diaphragm, being inſufficient for the purpoſe of dilating the *os uteri*, or that part becoming unuſually irritable by the frequent

frequent impreſſions made upon it; then, by its conſent with the ſtomach, extreme ſickneſs or vomiting is brought on, ſometimes after every pain, by which the labour is very much forwarded; one fit of vomiting, according to popular obſervation, doing more ſervice than ſeveral pains, partly by the increaſed preſſure, and partly by the ſucceeding relaxation. But when the *os uteri* is dilated, patients have very ſeldom an inclination to vomit from any natural cauſe. Vomiting very often attends the paſſage of a ſtone through the *ureters*, or the *gall-ducts*, from the ſame cauſe, and with the ſame effect.

By regular returns of pain, or with the varieties before mentioned, with many others which it is impoſſible to enumerate, the *os uteri* becomes at length wholly dilated. Whether a ſhort or a long time be required for this purpoſe, it is the duty of the practitioner to abſtain from interfering in this part of the proceſs. It may ſometimes be neceſſary to pretend to aſſiſt, with the intention of giving confidence to the patient, or compoſing her mind. But all artificial interpoſition contributes to retard the event ſo impatiently expected, by changing the nature of the irritation and the action thereon depending; or does miſchief by inflaming the parts, and rendering them leſs diſpoſed to dilate; in ſhort, by occaſioning either preſent diſorder or future diſeaſe. For theſe reaſons we muſt be firm, and reſolved to withſtand the entreaties

which

which the diſtreſs of the patient may urge her to make, as we muſt alſo the dictates of vehemence and ignorance in the byſtanders. Others may be impatient, but we muſt poſſeſs ourſelves, and act upon principle. The event will juſtify our conduct; and, though there may be temporary diſlike and blame, if we do what is right, there will be permanent favour and reputation.

During the continuance of a pain the membranes containing the waters are turgid, preſſed upon, and within the circle of the *os uteri*, according to the ſtrength of each pain, by which the further dilatation is promoted; but in the abſence of a pain the membranes become flaccid, and ſeem to be empty. Theſe different ſtates of the membranes are readily explained by the obſervations before made, by our knowing that when the *uterus* is in action its cavity is leſſened, and of courſe its contents are compreſſed; but on the ceſſation of the action the cavity of the *uterus* is again enlarged, and the compreſſion removed. Hence it becomes neceſſary, when an examination *per vaginam* is made during the time of a pain, that we ſhould be cautious not to break the membranes; and if any accurate inveſtigation be needful, either of the ſtate of the parts or of the poſition of the child, it ought to be made in the interval between the pains, or protracted till the pain has ceaſed.

In a ſhort time after the *os uteri* is wholly dilated,

lated, the membranes are uſually ruptured by the force of the pains, and the waters of the *ovum* are diſcharged in one large guſh or ſtream. But in many caſes the membranes break ſpontaneouſly long before this period, without any material inconvenience. In ſome they are not raptured when the dilatation of the *os uteri* is completed, but are protruded by each ſucceſſive pain lower down into the *vagina*, and then within the *os externum*, which they alſo dilate; and at length a ſmall bag of water is formed without the *os externum*, which can ſerve no farther purpoſe.

It is a commonly received opinion among the lower claſs of people, that the child ſhould be born ſpeedily after the rupture of the membranes and the diſcharge of the waters. This opinion is not founded on prejudice, but on found obſervation: and was probably firſt entertained by thoſe who were engaged in the care of breeding cattle, in which this is the order and uſual courſe of parturition: and I believe it would more frequently happen in the human ſpecies, if the progreſs of the labour were not by ſome means or other diſturbed or interrupted. But it has been a cuſtom, which at the preſent time is not unfrequent with practitioners, urged by the diſtreſs and ſuffering of thoſe whom they are attending, or by the concern of friends, or by a perſuaſion of its propriety and advantage, and ſometimes perhaps by their own impatience,

tience, to break the membranes before the *os uteri* is dilated. If theſe are ruptured ſpontaneouſly or artificially before the *os uteri* is dilated, the child cannot poſſibly follow immediately; and all that is gained is by bringing the head of the child, inſtead of the membranes containing the waters, into contact with the *os uteri*. This cannot be conſidered as any advantage, as it changes a very ſoft and accommodating medium, provided by Nature for the purpoſe of preventing any undue violence upon a very tender part, for the hard and unaccommodating head of the child. Nor is this the only ill conſequence which follows: by ſuch proceeding we occaſion a general derangement of the order of the labour, which is never done with impunity, as it may afterwards become the cauſe of a laceration of the external parts, or even of an unfavourable ſeparation of the *placenta*. Moreover, by this premature rupture of the membranes, we often defeat our own purpoſe; and, by diſturbing, protract inſtead of haſten the labour. We will therefore agree in eſtabliſhing it as a general rule for our own conduct, that the membranes ſhall never be ruptured artificially, at leaſt before the *os uteri* is fully dilated, and be perſuaded that it is afterwards unneceſſary, unleſs there ſhould be ſome cauſe more important than the mere delay of a labour, or ſome reaſon of more weight than thoſe which have been commonly aſſigned.

SECTION

SECTION VII.

In the ſecond period or ſtage of a labour will be included all the circumſtances attending the deſcent of the child; the dilatation of the external parts; and the final expulſion of the child.

Notwithſtanding the definition of a natural labour, which was before given, it is not to be conſidered as a proceſs going on in one unvarying line, nor is every aberration to be thought of ſufficient importance to conſtitute a labour of another claſs. In this reſpect the definition of a labour may be compared to that of health, which, however correct in general, would not correſpond in all points with the ſtate of any individual perſon, if ſubmitted to a critical examination. In like manner, though a labour cannot come under the denomination of *natural*, without the three diſtinguiſhing features, yet we may probably never meet with any two labours in any reſpect exactly ſimilar. There are perhaps more frequent deviations in the firſt ſtage of a labour, than in any other, both with regard to the time and the manner in which the *os uteri* is dilated. Nor is the firſt ſtage concluded either by the dilatation of the *os uteri*, or by the rupture of the membranes and the diſcharge of the waters, but

by

by the concurrence of theſe circumſtances; and the farther the labour is advanced before the membranes break, the better it afterwards terminates. For, before that event, there is leſs violence done to the mother, and leſs ſtreſs upon the parts; becauſe, without much ſuffering, they every moment acquire a better diſpoſition to dilate; and till that has happened, whatever may be its poſition, the child undergoing no compreſſion is free from all chance of injury.

When the membranes break, if the *os uteri* be fully dilated, the child, though reſting at the ſuperior aperture of the *pelvis*, either ſinks by its own gravity, if the patient be in an erect poſition, or is propelled by a continuance of the ſame pain by which they were broken; or, after a ſhort reſpite, the action of the *uterus* returns, and the head of the child is ſoon brought ſo low down as to preſs upon the external parts; properly ſpeaking, upon the internal ſurface of the *perinæum*. In its paſſage through the *pelvis*, the head of the child, which at the ſuperior aperture was placed with one ear to the *oſſa pubis* and the other to the *ſacrum*, or with different degrees of diagonal direction, undergoes various changes of poſition, by which it is adapted to the form of each part of the *pelvis*, with more or leſs readineſs, according to its ſize, the degree of its oſſification, and the force of the pains. With all theſe changes, whether

produced

produced eaſily or tedioufly, in one or in many hours, the practitioner ſhould on no account interfere, provided the labour be *natural*. If he attempts to correct and to regulate every ſlight deviation, or uſes any artificial means for haſtening the proceſs, the events of his practice will convince him, that he has exerciſed his art on unneceſſary and improper occaſions. He will moreover be taught, though he may acquire momentary approbation by endeavouring to remove every little preſent inconvenience, that diſeaſes then far diſtant will be attributed to his miſconduct, and ſometimes not without reaſon. In this ſtate and kind of labour he may with confidence rely upon the powers and reſources of the conſtitution, which will produce their effect with leſs injury either to the mother or child, and with more propriety than can be done by the moſt dexterous human ſkill.

The external parts yield in a ſhorter or longer time, and with more or leſs eaſe, according to their natural rigidity, the degree of diſpoſition to dilate which they have aſſumed during the labour, the force and frequency of the pains, and the number of children which the patient has before had. But the prevention of any injury to the mother when the child is paſſing through the external parts being eſteemed a circumſtance wholly depending upon the care of the practitioner, this part of our ſubject deſerves a ſeparate and particular inquiry.

SECTION VIII.

When the head of the child firſt begins to preſs upon and dilate the external parts, every pain may be ſuffered to produce its full and natural effect, without the hazard of miſchief; but when a part of the head is inſinuated between them, and the anterior edge of the *perinæum* is upon the ſtretch, they are liable to be injured by the violence of the diſtention. Any of theſe parts may be injured; but the *perinæum* in particular is ſubject to a laceration, which may not only extend ſo far as to occaſion much preſent uneaſineſs, but ſometimes very deplorable conſequences for the remainder of the patient's life. It is therefore our duty to inquire into the merits of the different methods which have been recommended for the prevention of this accident, more eſpecially as it admits of very imperfect relief when it has happened.

Yet it is very remarkable, that none of the ancient writers either adviſe any method by which this accident may be prevented, or any means to be uſed for its relief, excepting ſuch as were generally recommended for inflamed, ulcerated, or fiſtulous parts. In the works of *Eros*, who lived in the thirteenth century, and which were publiſhed by *Spachius*, this accident is indeed mentioned, and an awkward method

of

of preventing it recommended. We might therefore preſume, that it is an accident which did not frequently occur in their practice, or that it was eſteemed of too little conſequence to engage their attention. With reſpect to the former opinion it may be obſerved, that whatever event is the conſequence of any cauſe, it muſt at all times be produced whenever that cauſe and the ſame circumſtances exiſt. But thoſe who perhaps had not perfection in view, and formed no very nice rule for their own conduct, might not be ſenſible of, or pay due attention to, the deviations or accidents which occurred, and would not adjudge diſagreeable conſequences to their own errour or miſmanagement. They did not therefore adviſe any method of preventing this accident, becauſe they were ignorant of the cauſe, or they undervalued it.

It may be further obſerved, that the oldeſt writers in midwifery lived before the Chriſtian religion was eſtabliſhed, and in countries in which polygamy was allowed; when the death or infirmity of one wife was comparatively of little importance to him who had many, equally, or in ſome degree, dividing or partaking of his affection. But on the eſtabliſhment of the Chriſtian religion, by which the ſelfiſh and bad diſpoſitions of the human mind were intended to be reſtrained or corrected, and its better qualities exalted, one wife only being allowed

to one man, and ſhe being ſuppoſed to poſſeſs the entire affections of her huſband, every diſeaſe or infirmity, which might render her perſon leſs agreeable to him, became of infinite conſequence to their mutual happineſs. Thoſe only who in the preſent ſtate of ſociety have had an opportunity of ſeeing the many evils, which flow from this alienation of affection, the cauſe being perhaps unknown to the parties themſelves, can be ſufficiently aware of the importance of this and many other accidents and diſeaſes, to which women are ſubject; and which are often neglected and diſregarded, becauſe they are not attended with immediate danger.

Still the queſtion remains to be decided, whether women are by any peculiarity of conſtruction naturally or neceſſarily ſubject to a laceration of the *perinæum*; or whether this accident be the conſequence of erroneous opinions, and of alterations in the frame, occaſioned by the peculiar manners of ſociety; or of any adventitious circumſtance whatever, at the time of delivery. It was before obſerved, (ſee chap. 2. ſect 6) that none of the claſſes of animals are liable to a laceration of the *perinæum*, except when extraordinary aſſiſtance is given in caſes of otherwiſe inſuperable difficulty; and it is well known, that the laceration in any important degree does not univerſally, or perhaps generally, happen to thoſe women who are

delivered

delivered before proper aſſiſtance can be given. It is alſo to be remarked, that, as far as relates to the ſtate of all the internal parts, the changes which they undergo at the time of parturition are not only effectually, but moſt ſafely produced by the natural diſpoſition aſſumed by the parts, or the inſtinctive efforts of the parent. From a general ſurvey of the wiſdom, order, and benignity, ſo clearly apparent in all the deſigns of Providence, in every circumſtance particularly which relates to the propagation of the different ſpecies of animals, and the coaptation, as it were, of that wiſdom to the neceſſities of thoſe of every kind, we might perhaps be juſtified in making this general concluſion, that women, in every circumſtance which relates to their ſafety and well-doing in natural parturition, are not left in a more deſtitute ſtate than animals; for though it were proved, that women are more liable to natural evils and difficulties in parturition than animals, the proofs of theſe would equally ſatisfy our minds, that they are alſo provided by nature with many peculiar reſources, and with powers which are, in general, limited only by the degree of the difficulties which require their exertion.

Nevertheleſs, from the frequency of ſome degree of laceration of the *perinæum*, when women are delivered without aſſiſtance, and from the difficulty with which it is ſometimes prevented, when the moſt judicious and ſkilful

aſſiſtance is given, it is believed by many, that women muſt often be unavoidably ſubject to it, and that the prevention muſt ever remain an object of human ſkill. Now with reſpect to the firſt ſtatement, that of the laceration happening when women are delivered without aſſiſtance, it does not follow that it is inevitable; for even then it may be the production of errour in the patient herſelf, or her friends. Becauſe, from the hurry and ſolicitude of their minds, and even by their fears, ſhe may have been encouraged to make great voluntary efforts, when the head of the child was on the point of coming into the world, merely becauſe ſhe was not aſſiſted; or, after the expulſion of the head, inſtead of waiting for the body to be expelled alſo, ſome officious perſon preſumed to extract it without regard to time, or the direction of the *vagina*. As to the difficulty or impoſſibility of preventing the laceration in ſome caſes, we are to conſider, that what may happen in a ſtate of ſociety, might not have happened in a ſtate of nature; that the foundation of the accident may have been laid by ſomething done in the preceding ſtage of the labour; and that it may be very much doubted, whether ſome of the methods practiſed for the prevention may not in fact have been the cauſe of the accident.

But the conduct of the practitioner is not to be guided by reflections on what his patients might do or bear, with conſtitutions healthy and firm, and with minds untainted with prejudices;

judices; but by due conſideration of what they are *now* capable of doing or bearing: and he muſt adapt his rules and his practice to the ſtate in which he actually finds them. From ſome natural or adventitious cauſe the laceration of the *perinæum* to a certain degree certainly does often unavoidably happen; but as ſo much of the future happineſs of a woman may depend upon its prevention, we will grant, what in many caſes ſeems true, that it is always to be prevented by our ſkill and care; as no harm can ariſe from the opinion, though erroneous, if the aſſiſtance we afford be judiciouſly given.

In the beginning of a labour, eſpecially with firſt children, it is not unuſual to find the external parts cloſely contracted, and void of all diſpoſition to dilate; yet in the courſe of a few hours, even when they have undergone no kind of preſſure or diſtention, but merely by a diſpoſition aſſumed from their conſent with the internal parts, they become relaxed and ſoft. The longer the time therefore which paſſes between the commencement of a labour and the birth of the child, the leſs liable to a laceration will the *perinæum* be; for it is ſcarcely ever lacerated in a very ſlow labour, whatever may be the ſize of the child. But if it was poſſible to hurry a labour in ſuch a manner, that the head of the child ſhould be brought into contact with, and preſſed forcibly upon, the external parts, before they had acquired the diſpoſition to dilate, they

would be univerſally torn, unleſs the accident were prevented by art: and the chance of the accident would be according to the degree of precipitation, and perhaps many hours after the act, by which the labour was hurried, was forgotten.

When the head of the child is inſinuated within the external parts, if theſe do not eaſily yield to the occaſion, it has been cuſtomary to dilate them artificially, under the idea of preparing them, to allow of the more ſpeedy paſſage of the head. During every pain, it is obvious that the parts undergo as much diſtention as they are capable of bearing without injury; and this preparation, as it is called, leſſening in fact the native diſpoſition to dilate, irritating, and cauſing alſo an aditional ſtreſs upon them, nothing is more clear than that this method of proceeding contributes to their laceration. All artificial dilatation of the parts, all attempts to ſlide the *perinæum* over the head of the child ſpeedily, are therefore to be foreborn and avoided as pernicious.

When the external parts are very rigid, we have been taught, that it is of great ſervice to anoint them frequently and unſparingly with ſome unctuous application, with the intention of giving or improving that diſpoſition to dilate, which is wanting. If the parts are clothed with their proper *mucus*, as by the uſe of any application in the manner adviſed, that would be abſterged,

abſterged, we ſhall afterwards find ointments of any kind a very poor ſubſtitute for that *mucus*, and that there is little profit from their uſe, under any circumſtances. But if the parts, from any cauſe, ſhould become heated and dry, after the application of flannels wrung out of warm water, ſome ſoft and ſimple ointment may be ſerviceable, by abating their heat, giving them a diſpoſition to ſecrete their proper *mucus*, and of courſe favouring their dilatation.

In ſome conſtitutions the different parts concerned are not equally inclined to dilate. Sometimes the internal parts dilate in the moſt kindly manner, when the external are in a contrary ſtate; and ſometimes the internal are very rigid, when the external parts have the greateſt aptitude to dilate, yielding to the firſt impulſe of the head. There is in all infinitely more difficulty with the firſt than with ſubſequent children, not from rigidity only, but, if we may be allowed the expreſſion, from ignorance how to dilate; and from a certain degree of reaction evidently perceived in the parts during the continuance of every pain and when it has ceaſed. It is therefore often obſerved, that the head of the child advances more, and with greater ſafety, when the violence of a pain begins to abate, becauſe the reaction of the parts is not then ſo ſtrong, as while the pain continues in full force.

During a pain there is often reaſon to expect, that the head of the child would be excluded; but

but the moment the pain declines, the head is retracted a conſiderable way into the *vagina*, and the external parts cloſe again. No other inconvenience ariſes from this cauſe than a little prolongation of the labour, which may be irkſome, but cannot be injurious. If the parts do not diſtend favourably, ſhould the head of the child abide within them in the abſence of a pain, it may ſometimes be expedient to repel it in imitation of this natural occurrence, for the purpoſe of preventing the laceration.

When the head of the child is every moment expected to paſs through the external parts, we have been adviſed by ſome, to forward the emergence of the head from under the arch of the *pubes*. Others have on the contrary aſſured us, that it is more eligible to prevent, for a certain time, this emergence, by which means not only time is given for the parts to dilate, but the head of the child is ſo diſpoſed as to paſs through them in its ſmalleſt *axis*, and leſs diſtention is thereby occaſioned. Whoever has reflected upon this ſubject would heſitate as much to believe, that, in the general diſpenſation of Providence, it ſhould have been left to human ſkill, to guide the head of the child at the time of birth in a direction different from that in which it moſt commonly preſents, as that it could have been intended for the generality of children to have been brought into the world by inſtruments, or by any human invention. As far as my experience enables me to judge, neither of theſe methods

methods ought to be followed, nor any other which requires a complication of artifice; for, after a trial of them all, perhaps not always very juſtifiably, I am convinced, that the moſt effectual method of preventing a laceration, or any injury to the parts, is to be founded on the ſingle principle of retarding, for a certain time, the paſſage of the head of the child through them. This retarding may depend on the compoſure of the patient, and the ſkill of the practitioner; and thoſe errours, of which the former might be guilty, the latter muſt endeavour to obviate and correct. The greateſt degree of laceration, which ever occurred to me, was occaſioned by the patient ſuddenly withdrawing herſelf out of my reach, beyond the poſſibility of my giving any aſſiſtance, or ſupporting the part at the inſtant when the head of the child paſſed over the *perinæum*; an accident againſt which I ought to have been guarded.

When the head of the child is nearly born, the effort to expel is made inſtinctively, and it is uſually vehement, the breath being retained for the purpoſe of ſtrengthening that effort. The patient may alſo, from a perſuaſion of its being neceſſary and proper, or at the inſtance of her friends, ſtrive with much voluntary exertion to add to the force of the pain, for the purpoſe of expelling the child more ſpeedily. If we preſume, that the danger of injuring the parts de-

pends

pends chiefly upon the rapidity with which the head may be expelled, and that theſe are only able to bear without injury ſo much diſtention as is occaſioned by the inſtinctive efforts, then all the additional voluntary force is beyond what is either needful or ſafe (ſee chap. 2. ſect. 6). It is therefore requiſite that we ſhould do away this voluntary force, by convincing the patient of its impropriety, and diſſuading her from exerting herſelf; or leſſen at leaſt the voluntary effort, by urging her to talk or cry out during the time of a pain, which will prevent her from retaining her breath; or, if her ſufferings are ſo great that ſhe cannot command her own actions, then the efforts ſhe makes muſt be reſiſted on our part by the application of ſome equivalent force, in the manner we ſhall ſoon conſider. When the patient has been outrageous, and the danger of a laceration very great, I have ſometimes gained a reſpite by telling her ſuddenly, in the height of a pain, that the child was already born.

Every thinking man will endeavour to carry the principles he has conſidered and approved in his remembrance, through the whole courſe of his practice: but the methods by which his principles are purſued muſt be carefully ſuited to the particular exigencies of every individual caſe. Yet when principles are acquired, there will often be conſiderable difficulty in applying them to practice; for it is not unuſual to

ſee them at variance in medicine as well as morality. In the ſubject of which we are now ſpeaking there is a number of little circumſtances, the knowledge of which can only be learned by experience, yet for theſe we ſhould be prepared by reflection, when they occur in practice. But it will generally be ſufficient for the operator to reſiſt the progreſs of the head of the child, during the time of a pain, by placing upon it the fingers and thumb of the right hand, ſo formed that they may bear upon many points; or, to apply the balls of one or both of the thumbs in ſuch a manner that they ſhall at the ſame time ſupport the *fourchette*, or thin edge of the *perinæum*. But in firſt children, when, from the vehemence of the patient, the ſtrength of the pains, and the rigid ſtate of the parts, there is great reaſon to apprehend a laceration of the *perinæum*, then, occaſionally calling in the other means to our aid, we ſhall be able to give the moſt powerful and effectual ſupport, by applying the palm of the left hand, covered with a ſoft cloth, over the whole temporary (ſee chap. 2. ſect. 6) and natural *perinæum*, and the right-hand employed as was before mentioned, with a force competent to reſiſt the exertions of the patient during the violence of the pain. In this way we are to proceed, till the parts are ſufficiently dilated, when the head may be permitted to ſlide through them in the ſloweſt and gentleſt manner;

ner; and we are never to quit our attention, till it is perfectly cleared of the *perinæum*. Should there be any delay or awkwardneſs when the *perinæum* ſlides over the face, the fore finger of the right-hand muſt be paſſed under its lateral edge, by which it may be cleared of the mouth or chin, before the ſupport given by the left-hand is withdrawn. When the pains are exceedingly ſtrong, and the patient reſtleſs in her efforts, the head will ſometimes be expelled with wonderful velocity, in oppoſition to all the reſiſtance we are able to make; but by this calm and ſteady proceeding we may be aſſured that we ſhall, under all circumſtances, wholly prevent, or greatly leſſen, all the evils to which ſhe would have been liable, if our conduct had been different.

It is neceſſary to obſerve, that theſe attempts to prevent the laceration of the *perinæum* produce ſome effect upon the head of the child, and upon the parts of the mother. In the application, therefore, of the reſiſting force, we muſt not only be careful, that the poſition of the patient is proper, and ſuch as will allow us to act with advantage, but that we do not make any injurious or partial preſſure; becauſe, if a partial ſupport be given to the *perinæum*, the head of the child is projected againſt an unſupported part, and the danger of a laceration is increaſed. The ſupport muſt be equally applied, and uniformly exerted, during the time

of

of every pain; and then there will be no greater prejudice done to the child by the preſſure we make, than what might have been occaſioned by the mere rigidity of the parts.

When the head of the child is expelled, perhaps the conſequences of an inſtant tranſition from extreme miſery to total freedom from pain, and to poſitive joy, are in no caſe, to which human nature is ſubject, more conſpicuous and intereſting, though the delivery be not completed. It was formerly ſuppoſed neceſſary for the practitioner to extract the body of the child, immediately after the expulſion of the head, leſt it ſhould be deſtroyed by confinement in this untoward poſition. But experience has not only proved, that the child is not on that account in any particular danger, but that it is really ſafer and better, both for the mother and child, to wait for the return of the pains, by which it will ſoon be expelled; and a more favourable excluſion of the *placenta* will alſo by this means be obtained. In the courſe of a few minutes after the expulſion of the head, the action of the *uterus* returning, the ſhoulders of the child advance, and the external parts of the mother being again brought upon the ſtretch, the practitioner muſt place the fingers of his right-hand on each ſide of the neck, and at the ſame time with the left ſupport the *perinæum* with as much circumſpection as when the head was expelled; he muſt

muſt then conduct the body ſlowly in the direction of the *vagina*, till it is wholly extricated, though two or three pains are ſometimes required for the expulſion of the ſhoulders of the child, after the head is born.

The child is to be placed in ſuch a ſituation, that the external air may have free acceſs to its mouth, its head being covered; care being then taken of the mother, we muſt proceed to tie the navel-ſtring in the manner recommended in the next ſection.

SECTION IX.

THE operation of tying and cutting the navel-ſtring when the child is born, though in itſelf of no great importance, was formerly thought to require ſo much ſkill and judgment, as to give a profeſſional name to thoſe, who are now called practitioners in midwifery. But every thing which relates to the treatment of the mother or child is of ſome conſequence; and even in trifling matters there is a propriety of manner, the want of which may leſſen the eſtimation of every perſon's character.

It ſeems to have been a practice with the ancients, to wait for a certain time after the birth of the child for the excluſion of the *placenta*, before the navel-ſtring was tied or divided; and if the child was born apparently dead, or in a very feeble ſtate, the *placenta* when

when expelled, was laid upon its belly, as a reſtoring, or comforting application. When the child revived but ſlowly, or when the ſigns of life declined, it became a cuſtom to lay the *placenta* on hot embers*, or to immerſe it in hot wine; and the heat thereby conveyed was ſuppoſed to ſtimulate the weak or decaying powers of life to more vigorous action. It has ſince been the practice, to divide the *funis* immediately after the birth of the child; and the weaker this was, the more expedition it was thought neceſſary to uſe; for, the child being ſuppoſed to be in a ſtate ſimilar to that of an apoplectic patient, a certain portion of blood might by this means be diſcharged from the divided *funis*, and the imminent danger inſtantly removed. There is another method which I have ſeen practiſed, the very reverſe of the preceding; for in this, the loſs of any quantity of blood being conſidered as injurious, the navel-ſtring was not divided, but the blood contained in its veſſels was repeatedly ſtroked from the *placenta* towards the body of the child. In all theſe different methods, and many others founded on caprice, or on directly contrary principles, children have been treated in different times and countries, and yet they have generally done well; the operations of Nature being

* See *Peu* Pratique des Accouchements, Livre I. Chap. xii. 18.

very ſtubborn, and happily admitting of conſiderable deviation and interruption, without the prevention of her ends.

There is yet in all things a perfectly right as well as a wrong method; and, though the advantage or diſadvantage of either may be overlooked, the propriety and advantage of the right method muſt be evidently proved by individual caſes, and of courſe by the general reſult of practice. In this, as well as in many other points, we have been too fond of interfering with art, and have conſigned too little to nature, as if the human race had been deſtined to wretchedneſs and diſaſter, from the moment of birth, beyond the allotment of other creatures.

Perhaps the changes which take place in the body of the child, immediately after its birth, at leaſt the manner in which they are produced, are not perfectly underſtood at this time *. But we know if the child is in a healthy ſtate, that it uſually cries luſtily and continually, when the air ruſhes into its lungs, which are thereby expanded. This cry, which does not ſeem to be occaſioned by pain but ſurpriſe, is in its conſequences extremely important, as it is the cauſe of an exertion of all the powers of the

* See *Par* Pratique des Accouchements, Livre I. Chap. xii 18. And an Eſſay on the Treatment of Women in Childbed; written by my very ingenious and indefatigable friend Mr. *Charles White*.

child,

child, and enables it to acquire a new manner of living, inconſiſtent with, and very different from, that which it poſſeſſed before it was born. But the change from uterine life, as it may be called, to breathing life, is not inſtantaneous, but gradual; and the uterine life continues till the breathing life is perfected, as is proved by the continuance of the circulation between the child and *placenta* for ſome time after it has cried. As the breathing life becomes perfected, the uterine life gradually declines, and the manner of its declenſion may be proved by attending to the pulſation of the navel-ſtring, which firſt ceaſes at the part neareſt the *placenta*, and then, by ſlow degrees, nearer and nearer to the child, till at length it entirely ceaſes; ſo that the whole of the circulating blood ultimately reſides in the body of the child, and the navel-ſtring which was before turgid becomes quite flaccid. It ſeems reaſonable to believe, that the continuance of uterine life after the birth of the child was deſigned for its preſervation from the accidents of its ſtate at that time; ſhould the acquiſition of its breathing life be by any cauſe retarded or hindered. If then the practice of tying or dividing the navel-ſtring the inſtant the child is born be followed, though it were before vigorous, it will in ſome caſes immediately decline, and never acquiring its perfect breathing life, may in a ſhort time die. or, if the child were in a feeble or a dubious

ſtate, poſſeſſing only that life which it had during its reſidence in the *uterus*, as by tying and dividing the navel-ſtring that life is deſtroyed before the breathing life is acquired, it muſt inevitably periſh. We may therefore ſafely conclude, that the navel-ſtring of a newborn infant ought not to be tied or divided, till the circulation in it has ceaſed ſpontaneouſly; nor would the child ſuffer, though the *funis* was never tied, if it was not divided.

With reſpect to the manner of tying the navel-ſtring there has alſo been much difference of opinion, whether there ſhould be one or two ligatures, and in what part theſe ſhould be fixed. Two ligatures were adviſed on the preſumption, that by the end of the *funis* next the *placenta* the maternal blood might be diſcharged, and the parent brought into great danger, as if there were two currents of blood circulating in the veſſels; and by ſome it was alſo ſuppoſed proper to uſe two ligatures, for the purpoſe of retaining the blood, preſuming that the *placenta* would be caſt off more commodiouſly, in the manner of a gorged leech. On the contrary, one ligature has been recommended, that we might have an opportunity of draining away as much blood as poſſible from the *placenta*, by the divided end of the *funis*, which was ſuppoſed to produce an advantage equal to the diminution of the bulk of the *placenta*, and to favour its expulſion. But, if the cuſtom of deferring to make the ligatures

till the circulation in the *funis* ceaſes be eſtabliſhed, all this reaſoning in favour of one or two ligatures will fall to the ground. Yet, as there is a poſſibility in the caſe of twins, with a ſingle or communicating *placenta*, of the child yet unborn loſing its blood by the divided *funis* of that which is born, and from the habit of uſing them, on the whole, I prefer two ligatures, more eſpecially as no harm can ariſe from them, even if one ſhould be uſeleſs. As to the part where the ligature ought to be fixed, it is of no real conſequence; becauſe the future ſeparation of the *funis* will not be made at the ligature, wherever that is fixed, but at a line, evidently marked at the time of birth, and cloſe to the belly of the child; and as to the materials uſed, provided they are not ſo thick as to be cumberſome, or ſo thin as to cut the *funis*, it is all that is required.

In the courſe of ten or twenty minutes, and ſometimes longer, after the birth of the child, the circulation in the *funis* having ceaſed, and the *funis* itſelf become empty and flaccid, one ligature is to be fixed upon it about three inches from the belly of the child, and another at twice that diſtance, with ſo much force as to repreſs the circulation which may happen to return, and yet not ſo firmly as to divide it. The navel-ſtring may then be cut with a pair of ſciſſors between the two ligatures, and the child given to a careful aſſiſtant. It was formerly

the cuſtom to divide the *funis* under the bed-clothes; but, having once known a very deplorable accident happen from this cauſe, I make it a general rule decently to withdraw the child, that I may have an opportunity of ſeeing when I tie or divide the *funis*.

SECTION X.

SOON after the birth of the child it is proper to apply the hand upon the *abdomen* of the mother, to aſcertain whether there be another child; or whether the *uterus* be contracting in a manner favourable to the ſeparation and excluſion of the *placenta*. Both the doctrines and cuſtoms of practice, regarding the management of the *placenta*, have been exceedingly different, even in common caſes; and though one method of proceeding may be more generally preferred and followed than the reſt, there is, in the management of the *placenta*, much diverſity in the conduct of individual practitioners, who may be ſuſpected to act ſometimes in a manner contrary to their own judgment, in compliance with the prejudices of thoſe by whom they are employed. The minds of all women are full of ſolicitous fears till the *placenta* is brought away; and the ſooner this is done, after the child is born, the more they are gratified. But though the diſcovery of truth, and the fidelity of practice

tice founded thereon, may not always be acceptable; yet in all practitioners, however desirous of obliging, there must be some firmness of mind, some determination to act upon principle, or they will be perpetually involved in errour, and led to do what may be productive of immediate or distant mischief, in order to avoid the evil of present censure.

In the history which has been given of the former stages of a natural labour it appears, that all the passive changes, which the parts undergo, and all the active powers exerted for producing these changes, are not only entirely independent of the will of the patient, but are fully equal to the end, which they were designed to accomplish, without any assistance; which is no more wanted for the purpose of forwarding a natural labour than for any of the ordinary functions of the body. When we have seen a child safely expelled by a process beautiful, and regulated by the greatest wisdom, there seems to be no reason, why we should be apprehensive of errour or inability in these powers for the separation or exclution of the *placenta*, which is but an inferior and secondary part of the same process; or why we should not in this, as in all other cases of medicine, be first convinced of the necessity of using art, before we attempt to give assistance. On the proper management of the *placenta* the life of the patient may depend; and it is therefore fitting and

neceſſary, that our conduct ſhould be guided not by prejudice, but by the dictates of reaſon and experience.

After a natural labour, eſpecially with a firſt child, the pain which the patient has ſuffered, and the exertions by which the expulſion of the child was effected, will have occaſioned a proportionate degree of temporary fever, and ſhe will be in the ſame ſituation as if ſhe had undergone ſome exceſſive fatigue. By the birth of the child ſhe is freed from her ſuffering, and it muſt be our firſt employment to reſtore tranquillity to her mind, to calm the hurried circulation of the blood, to recover her from her fatigue, and to bring her as ſoon as we can into a natural ſtate; and this is to be done by keeping her perfectly quiet, affording her at the ſame time ſome refreſhment, ſuitable to the circumſtances to which ſhe may be reduced. In the courſe of ten, and not often more than twenty minutes, the action of the *uterus* is again excited for the purpoſe of expelling the *placenta*, which is indicated by pain, leſs in degree, but in other reſpects like that of which ſhe complained when the child was expelled. It ſeldom happens that the *placenta* is either wholly ſeparated or expelled by the firſt pain; but when that has ceaſed for a few minutes, it is again renewed; and, on examination, the *placenta* is often found deſcended, or deſcending, into the *vagina*, where it may with ſafety and propriety be ſuffered to abide, till it is wholly expelled by a repetition

a repetition of the pains. But if the *placenta* ſhould deſcend very ſlowly, or the patient be much diſturbed, the practitioner may take hold of the *funis* *, and by gently pulling in the time of a pain, and in a proper direction, by the moſt moderate action favour its ſeparation and deſcent. But whether the *placenta* ſhould deſcend into the *vagina* ſpontaneouſly, or be brought down by the gentle aſſiſtance given, it ſhould be ſuffered to remain there till it is excluded by the pains; at leaſt it ſhould not be extracted before the hurry occaſioned by the labour is wholly compoſed, and the *uterus* has had ſufficient time to contract in ſuch a manner, as to prevent any undue, or alarming loſs of blood. The *placenta* ſeldom remains more than one hour in this ſituation; but, if it ſhould not be excluded at the end of that time, we may again take hold of the *funis*, and, aiding the force of a pain, in the gentleſt and ſloweſt manner, bring the *placenta* through the *os externum*. We muſt even then be cautious to bring down the membranes very ſlowly, and as perfectly as we can, that any *coagula* formed in the cavity of the *uterus* may be enveloped in them, and one principal cauſe of after-pain be removed.

* When the young has been a ſhort time expelled, carnivorous animals, apparently feeling pain, lay hold of the navel-ſtring with their teeth, in order to extract the *placenta*. It is probable that a woman in a ſtate of nature would, with her own hands, give ſomething like the ſame aſſiſtance; and in the force I uſe to bring down the *placenta*, I always bear in mind this circumſtance.

Then

Then the patient, being put in a comfortable ſtate, and as little diſturbed as poſſible, may be left to her repoſe.

In this third ſtage of a labour many inconveniences and many impediments to the excluſion of the *placenta* may occur; the generality of which require a longer time to be given, and ſome the aſſiſtance of art, for the removal or prevention of danger. But of all theſe difficulties, and the means of giving relief, we ſhall ſpeak more fully when we come to the treatment of *Uterine Hemorrhages*.

I take this opportunity of ſpeaking of a point upon which we may be called to give an opinion in a court of judicature; that is, whether a child be born living or dead. What is now conſidered as a legal proof of a living child I cannot aſcertain. When a child cries aloud, there can be no doubt of its being born alive, however ſpeedily it might afterwards die. But a child has been often known to breathe, which could never be excited to cry; and though a child may neither cry nor breathe, the circulation of the blood may be diſtinctly perceived both in the *funis* and heart, yet not be recoverable; and we can ſcarcely be allowed to ſay that a child which breathes is ſtill-born, nor one in which the blood circulates. Of both theſe circumſtances any perſon without medical knowledge may judge, and any corrupt evidence fruſtrated as readily as in other caſes ſubjected to the enquiry of the laws.

CHAPTER X.

CLASS SECOND.

SECTION I.

ON DIFFICULT LABOURS.

FROM the foregoing hiſtory of a natural labour, and from the tenour of what has been on different occaſions advanced in the preceding chapters, it appears, that parturition is a proceſs of the conſtitution, which, generally, does not require any aſſiſtance; and that when it is natural, it ſhould be ſuffered to have its own courſe without interruption, for the very ſame reaſons which render all interpoſition with other natural operations unneceſſary, improper, and frequently prejudicial. Whence then ariſes the neceſſity or expediency of eſtabliſhing midwifery as an art for the relief of the human ſpecies? or in what reſpects has ſociety profited by the eſtabliſhment? Certainly not on the preſumption that women are by nature deſtitute of thoſe powers, which at the time of parturition are in all other creatures generally equal to the exigencies of their ſituation; nor when thoſe powers are fairly exerted, every cauſe producing its effect, in the order and in the manner which the parts by their conſtruction were framed to perform and undergo; nor, when there

there exiſt no uncommon impediments, by which the effects to be produced by the natural cauſes are, or may be, obſtructed; and when no circumſtances threatening danger intervene. But as the aid of medicine becomes neceſſary, when from ſome defective, or irregular exertion of the native powers of the conſtitution; or from ſome adventitious cauſe of obſtruction; or from ſome infirmity in the conſtituent parts of any of the organs of the body, the functions of any part are ſuppreſſed, impeded, or in ſome way rendered irregular or imperfect, to the detriment of that part, or of the conſtitution, or to the prevention of any effect neceſſary to be produced: for the ſame reaſons, and in like manner, the aſſiſtance of the art of midwifery, ſcientific or manual, may be required for the relief of ſuch irregularities or difficulties as occur in the act of parturition. *It muſt however be acknowledged, that all the errours of practice do not proceed from ignorance of the art. Some of them may juſtly be imputed to our entertaining too high an opinion of the art, or its application in practice, when it is not abſolutely required, and when its application is prejudicial; to too much confidence in our own dexterity; and too little dependance on the natural efforts and reſources of the conſtitution.*

In all creatures in which there is a difference of ſtructure, there muſt be a difference in the conduct or manner in which every function of the

the conſtitution will be performed, which is at all connected with, or dependent upon, ſuch variety in ſtructure; and a difference in the proceſs of any function, eſpecially if this ſhould be rendered more complex and of courſe more liable to aberration, may become the predifpoſing cauſe of ſuch deviations from the natural courſe of that function, as may require the aſſiſtance of art: though the very ſame function, proceeding or being performed in a natural way, might be void of danger, and require no aſſiſtance whatever. The knowledge of the peculiarities in the ſtructure of the human ſpecies, or of the ſpecific circumſtances in which the conſtitutions of women differ from thoſe of all other female creatures, may therefore be conſidered as affording the only juſt and true baſis on which both the theory and practice of midwifery ought to be founded. Before we proceed then to an inquiry into the particular caſes, which may demand the aſſiſtance of art, or determine upon the manner in which that art can be exerciſed with the greateſt propriety and advantage, a ſhort review of thoſe peculiarities will be neceſſary and uſeful: that we may be cautioned to avoid the abuſe of the art, or the exerciſe of it, except in thoſe caſes in which that aſſiſtance which art can afford, is abſolutely required.

The firſt and moſt obvious circumſtance, in which women differ from all other female creatures,

creatures, is the erect position of the body; of the consequence of which, with regard to the *pelvis*, and some diseases to which women are particularly liable, notice has been already taken. (See chap. 1. sect. 5. and chap. 4. sect. 1). In the original construction of the *pelvis* in quadrupeds, with a view to parturition, there seems to be a necessity for regarding its capaciousness alone; because if even more than sufficient space were provided for the passage of their young, no attitude into which they put themselves, or into which they can be compelled by any accident, during uterogestation, would subject them to difficulty or danger on this account. But from the erect position of the human body, if the cavity of the *pelvis* had borne the same relative situation and proportion to the size of the *fœtus* as in quadrupeds, women would have been liable to many and great inconveniences. For the weight of the *ovum* and enlarged *uterus* must, in advanced pregnancy, have been occasionally sustained only by the soft parts, which becoming thinner and less equal to that office according to the advancement, premature labour, as well as many other inconveniences, must often have been occasioned; with some degrees of which we often meet in practice. For this, and perhaps several other less obvious though probably equally important reasons, all of which it would be difficult to investigate, there undoubtedly is in human

human beings a greater difference between the dimenſions of the cavity of the *pelvis*, and the head of the *fœtus* at the time of birth, than in animals; and this difference, conſiſting chiefly in a greater proportionate and relative ſize of the head may eventually become the cauſe of more painful and difficult parturition.

As there is no effect throughout nature without ſome adequate cauſe, as well as ſome wiſe end, perhaps the moſt ſatisfactory proof of the exiſtence of this diſproportion may be drawn from the conſtruction of the head of the human *fœtus*, which being incompletely oſſified at the time of birth, is capable of having its form changed, and its ſize diminiſhed, without any injury, from the compreſſion. Theſe effects are produced in ſome degree in almoſt all labours, but very remarkably in thoſe which are completed with difficulty; for in ſuch, the ſutures not only accede, but the edges of the bones will ride over each other in a very extraordinary manner, yet generally without any apparent prejudice to the child. From this original and comparative relation between the cavity of the *pelvis*, and the head of the *fœtus*, women therefore ſeem to be naturally more liable to difficulties in parturition than animals; which difficulties may be eſteemed as an allay for the advantages obtained by the erect poſition; or becauſe their offspring were ſo framed as to be capable of greater excellencies than animals;

which

which excellencies may depend upon this conſtruction and ſize of the head. Independent of this incomplete oſſification and its conſequences, great numbers of children muſt have been inevitably deſtroyed at the time of birth, or the parents muſt have died undelivered. Nor is this proviſion only ſufficient to anſwer the end of mitigating thoſe evils, to which women are by their ſtructure naturally and neceſſarily liable, in common labours; but it is generally equal to the relief of thoſe, which are rendered difficult by morbid alterations in the ſize of the cavity of the *pelvis*.

2. The intercourſe between the parent and *fœtus*, while it abides in the *uterus*, though generally alike in all viviparous animals, has ſome variation in each claſs. The *ovum* is in all conſtructed for a temporary uſe, but in a very beautiful and perfect manner for the purpoſes for which it was ordained. The variations may exiſt either in the *uterus* or *ovum*.

In the *uterus* of the different claſſes of animals, the moſt obvious variety is in the form. Animals might, perhaps, be nearly as well arranged, and the claſs to which they belong as well determined by the form of the *uterus*, as by any external or other internal mark. Such as are the form and ſtructure of the *uterus*, ſuch will be the properties; and of courſe in every animal in which there is a difference in form, ſtructure, or of properties thereon depending, there

there will be ſome correſponding difference in the circumſtances of parturition; ſo that if an inquiry was attentively made, it is probable we ſhould not find an exact likeneſs in the parturition of any animals, which vary either in *genus* or ſpecies.

The *uterus* in all animals may be conſidered as the bed or ſoil, in which the *fœtus* is conceived, nouriſhed, preſerved, and accommodated, till it arrives at a ſtate of perfection, and the part by which it is ultimately expelled. For the completion of theſe ends, there muſt be a perfect coincidence, at leaſt a correſpondence, between the nature of the *fœtus* to be thus conceived, nouriſhed, preſerved, and accommodated, and the form and properties of the *uterus*, by which thoſe offices are to be diſcharged, as is proved by hybrids; and if the caſe were otherwiſe, though there might be a forcible ſexual intercourſe, there would be no conception; and this clears us of an old but wholly unſupported opinion of the cauſe of monſters. The varieties in the form of the *uteri* in different animals are progreſſive, from thoſe of the loweſt tribe, which are horned or convoluted, to the human, which when unimpregnated is pyramidal, becoming more oviform according to the degree of its diſtention. On the form of the *uterus* not only the accommodation of the *fœtus* may depend, but the term of uterogeſtation alſo; or the power which every individual *uterus* of any given form, has

of bearing diſtention only for a ſpecific time. Yet if this were allowed, it would ſtill remain to be proved, why a *uterus* of one form became capable of bearing diſtention for a longer time than that of another.

Complicated with, or dependent on form, is the ſubſtance or thickneſs of the *uterus*; and on this again the power which the *uterus* is capable of exerting at the time of parturition. The *uterus* in women is of greater thickneſs, and of a firmer texture in the unimpregnated ſtate, than in animals of an equal ſize; and in theſe it is ſaid to become ſomewhat thinner, in proportion to its diſtention; whereas in women it retains its thickneſs, if it does not become rather thicker during pregnancy. It appears that by this thickneſs is gained the medium of that power, which is exerted by the human *uterus* in the act of parturition, and without which women could not in many caſes have been delivered. But if there had been occaſion in animals for the exertion of an equal degree of power, they probably could not have been delivered; as there does not ſeem to be in them a medium, by which ſuch power could have been exerted, and the form of the *uterus* would alſo have been leſs favourable for its operation, had it exiſted.

This thickneſs of the *uterus*, notwithſtanding its diſtention, is chiefly preſerved by the gradual enlargement of the arteries, veins, and lymphatics;

lymphatics; and their enlargement is moſt conſpicuous about that part to which the *placenta* adheres. The quantity of blood circulating in the human *uterus* and the adjacent parts, during pregnancy, is very great; and it probably undergoes in the *uterus* itſelf ſome preparatory change, before it is conveyed to the *placenta*, where it may probably be ſubject to farther alteration; ſo that it may be preſumed, that the *uterus* performs the office of a gland altering and preparing the blood, before any part of it, or any thing ſecreted from it, is abſorbed or taken up by the veſſels of the *placenta*, for the uſe of the *fœtus*, as well as that of the containing part of the *ovum*. On the quantity of blood circulating in the *uterus* may alſo depend its action at the time of labour; for if the *placenta* be looſened before the child is born, and the blood has a free diſcharge, there is ſeldom any efficacious action till the diſcharge is abated, though the *uterus* may be, in all other reſpects, in a ſtate of perfect health.

In our preſent inquiry, the principal part of the *ovum*, which deſerves attention, is the *placenta*, and of this there is an endleſs variety in the different kinds of animals, according to the nature and properties of each parent and the offſpring. In the *belluæ*, the office of the *placenta* is performed by the whole membrane of the *ovum* being thickened, and becoming proportionably vaſcular: in the *pecora* the *placenta* is

divided into many lobules, compoſed of long and vaſcular fibres, called *cotyledons* or cups, affixed to as many temporary eminences of the internal ſurface of the *uterus*; in the *feræ* it ſurrounds the *uterus* like an internal belt; and ſo on, with great variety, in the different claſſes of animals. But in the human ſpecies, the *placenta*, as the word implies, is in one flattened maſs, commonly of a circular form, becoming gradually thinner towards the edge, and adhering to the *uterus* with a broad ſurface. When any portion of this is ſeparated, the orifices of many of the large veſſels of the *uterus* are opened, and a conſiderable quantity of blood is immediately diſcharged, far beyond what could poſſibly be loſt in any animal, though of a much larger ſize; and if the *uterus* were to continue diſtended, the orifices remaining open, there would be a dangerous or a fatal hemorrhage. For not only the blood circulating in the *uterus* would be immediately poured out of its veſſels, but all which is contained in the body might be drained, and the patient ſpeedily periſh, if ſhe were not relieved by art; and yet no animal ever was or could be deſtroyed, or brought into danger, by this circumſtance. From the ſame cauſe alſo, the uterine diſcharges continue a longer time, after delivery, in women than in animals; the irregularities and interruption of which may become the cauſes of diſeaſe, and are proofs that, independent of faſhion

or

or cuſtom, there exiſts in their conſtruction a neceſſity that women ſhould for their own ſafety be ſeparated from ſociety for a certain time after delivery; or guarded againſt ſuch conduct or accidents, as might cauſe a ſuppreſſion of thoſe diſcharges. On account alſo of the form of the *uterus*, and the peculiarities of its action, of the bulk, unity, and form of the *placenta*, and the manner of its connexion, it is more likely to be retained or untowardly expelled in women than in animals; and its retention or diſorderly expulſion may be followed by worſe conſequences.

3. In the conſideration of this ſubject, the paſſions of the mind are of too evident importance to eſcape attention. On a variety of occaſions, theſe, in human beings to a certain degree in a natural ſtate, and much more when heightened by all the refinements and perverſions of ſociety, are found to be capable of producing the moſt extraordinary effects; by ſuppreſſing or ſuſpending for a certain time the action of any, or of all the powers of the conſtitution; by occaſioning them to act with irregularity and at improper times; and in ſome caſes alſo by exciting them to act with too great energy and force. But animals probably ſuffer neither from the recollection of the paſt, nor dread of the future; and acting according to their nature, the good or evil of the preſent moment in them appears to be the principal

part of their exiſtence. In the paſſions we may then diſcover ſources of danger and diſturbance in the pregnancy and parturition of women, from which animals are wholly exempt; and the obſervation is ſo general, that care is univerſally taken to prevent the communication of any intelligence to pregnant women, or to thoſe who are in or about to be in labour, which can either diſtreſs, or much agitate them. To this principle or cauſe may alſo be referred the many nervous affections, to which women are ſubject in the ſtate of childbed, and for ſome time after they are delivered, when the animal powers are reduced, and the ſenſations quickened. But it muſt be allowed, that the greater degrees of theſe evils, which are many and great, are not to be attributed to phyſical infirmities, but to moral errours.

A conſideration of their unimpaired conſtitutions and leſs exquiſite feelings will likewiſe diſcover to us the reaſon, why the lower orders of women have more eaſy and favourable births, than thoſe who live in affluence; the frame of whoſe bodies, and the ſenſibility of whoſe minds are altered, and often depraved, by the indulgence and miſtaken opinions of parents, when they are infants, and by their own luxury and improper conduct, when they are adult. The conſtitutions of thoſe who are hardy are better able to ſuſtain the common accidents of childbearing, and they ſuffer leſs becauſe they are

ſtronger

ſtronger and have leſs feeling and apprehenſion. When the *Egyptian* midwives were charged before *Pharaoh* with diſobedience to his orders, becauſe they preſerved the lives of the *Hebrew* children, they pleaded in their excuſe, that the *Hebrew* women were not like the *Egyptian*, "they were lively, and were delivered before they (the midwives) could come to them." Beſide other motives, the *Hebrew* women were ſlaves, accuſtomed to labour and hard living, yet they had more children and eaſier labours than the *Egyptian*, who, we may preſume, ſuffered all the evils ariſing from indolence and habits of indulgence *. The ſame obſervation will alſo explain the reaſon of many of thoſe evils which women in the higher ranks of life ſuffer; particularly why fewer women die in childbed in the country than in cities, where

* Among many wiſe obſervations and judicious inferences, made by *Adam Smith* in his *Wealth of Nations*, there is one taken from the ſtate of population in the northern parts of *Scotland*. He ſuppoſes, that women in the lower orders of ſociety breed the greateſt number of children; but that thoſe in the higher rear more of thoſe which are bred. The ſame obſervation has been made of the *Ruſſians*. It has been attributed to the ſcantineſs of proviſion; but I believe it is very much owing to the coldneſs of the climate, as, with equal difficulty of procuring the means of ſubſiſtence, in *Ireland* and many parts of *England*, for inſtance, children born in health ſeldom die. Mr. *Gildemeſter*, who was for many years the Dutch Conſul in *Portugal*, aſſured me, that the children of the lower orders of the Portugueſe, who live very miſerably, which are born in winter, generally die, but ſuch as are born in ſummer are as commonly reared.

even thoſe of the lower claſs are often compelled to live in unwholeſome ſituations, and, too often plunging into groſs indulgences, therefore ſuffer the ſame or a worſe fate than the delicately luxurious.

4. We are laſtly to conſider, that women are by conſtitution, and by habits of education and living, ſubject to diſeaſes, to which animals are not liable; which diſeaſes may create new cauſes of difficult parturition, by increaſing natural evils, or by weakening thoſe powers, by the operation of which theſe ſhould be overcome. Every ſuch diſeaſe, it is unneceſſary, and perhaps hardly poſſible, to enumerate; but that, which by affecting the bones in general, and thoſe of the *pelvis* in particular, has the greateſt influence on labours, is deſerving of eſpecial notice.

By the *rachitis* is not only underſtood the diſeaſe of children, properly ſo called, but the *ſteatoſarcoſis*, or *mollities oſſium* alſo; this being the only difference between them, that, in the former, the bones in the infantile ſtate are prevented from acquiring ſuch a degree of firmneſs, as will enable them to ſuſtain the weight of the incumbent body, without yielding and becoming diſtorted; which diſtortion may remain to adult age, even though greater ſtrength may have been afterward acquired. But in the latter, the bones having been properly formed and oſſified, become ſoft again, at any period of life, in

in conſequence of the abſorption of the oſſific matter, by which the moſt extreme degrees and frightful kinds of deformity have been ſometimes occaſioned; the progreſs of the diſeaſe being ſometimes indicated by the increaſing difficulties of ſucceſſive labours *. From diſtortion produced by either of theſe cauſes, the cavity of the *pelvis*, which in a natural ſtate ſhould meaſure upwards of four inches in its narroweſt limits, may be reduced to two, or even to leſs than one inch; by which the reciprocal proportion between it and the head of the *fœtus* is perverted or deſtroyed, and it is abſolutely impoſſible for the latter to paſs through the *pelvis*. This ſoftneſs and conſequent diſtortion of the bones, from either of thoſe cauſes, being peculiar to †, or infinitely more frequent in the human ſpecies, occaſions difficulties at the time of parturition, from which animals are almoſt univerſally free. Even if animals were liable to it, from their poſition, and the diminiſhed weight which the *pelvis* ſupports in quadrupeds, it could not produce the ſame kind or degree of effect. From the frequency of the *rachitis* in cold and unwholeſome climates, in crowded cities, extenſive manufactories, and wherever the employments and manners of the human race weaken the conſti-

* See Chap. I. Sect. x.

† I think the late *John Hunter* informed me that one of the old lions in the Tower had the *oſteoſarcoſis*.

tutions

tutions of the inhabitants eſpecially in early life; and from its rarity in warm and healthy ſituations, or with ruſtic employments and ſimple manners, we may conclude, though we retain and act upon the ſame principles, that the events reſulting from the practice of midwifery muſt be different in different places, and that the authority of the beſt writers muſt in ſome meaſure be local.

On account of the original ſmallneſs of the cavity of the *pelvis* relatively to the head of the child, of the ſtructure of the *uterus* and *placenta*, of the paſſions, and of the diſeaſes to which mankind are by nature, or by the cuſtoms of ſociety, rendered peculiarly liable, the cauſes of many difficulties and dangers, which attend parturition, will be evident; and of courſe, the neceſſity of eſtabliſhing midwifery as an art for the occaſional relief of women will be evinced.

But to render theſe obſervations, with others diffuſed through this work, of greater utility, I ſhall endeavour to reduce them into propoſitions in the following order: ſubmitting them at the ſame time with all deference to future conſideration.

1ſt. All viviparous animals bring forth their young with pain.

2d. The degree of pain, which they ſuffer, will depend upon the degree of their ſenſibility, natural or acquired, and upon the difficulty with which they bring forth their young.

3d. The

3d. The difficulty with which they in general bring forth their young, depends upon their conſtruction.

4th. By their conſtruction, they are alſo endued with powers capable of overcoming all the difficulties, to which ſuch conſtruction generally renders them liable.

5th. The proceſs of parturition in animals is therefore to be eſteemed a natural proceſs, requiring no other aſſiſtance, than the uninterrupted exertion of thoſe powers, which depend upon their conſtruction.

And 6th. From the very nature of their conſtruction, and from their modes of living, unleſs they are perverted by domeſtication, they will not in general be liable to any material deviation from the ordinary proceſs of their parturition.

7th. The conſtruction of the females of the human ſpecies is different from that of the females of any order of animals.

8th. The conſtruction of the females of the human ſpecies is ſuch, as to render them unavoidably ſubject, in general, to greater pain and difficulty in parturition, than the females of any order of animals.

9th. But by the conſtruction of the females of the human ſpecies, and by the original formation of the head of the human *fœtus*, proviſion is made for overcoming all the difficulties,

culties, to which the peculiarities of their conſtruction may render them liable.

10th. With regard to the act of parturition, when natural, women are therefore to be eſteemed on a ſimilar footing with animals.

11th. But as women are by their conſtruction, and by the cuſtoms of ſociety, rendered ſubject to diſeaſes and accidents, which increaſe the natural difficulties, and produce new cauſes of danger attending their parturition, from which the females of every order of animals are free,

12th. It will follow, that the occaſions, which require aſſiſtance at the time of parturition, do and muſt, of neceſſity, occur more frequently in women than in the females of any order of animals.

From theſe premiſes, the expediency and neceſſity of eſtabliſhing midwifery as an art for the relief of the human ſpecies will appear, and the art be directed to its proper objects.

SECTION II.

MANY general circumſtances and appearances have been mentioned, and conſidered as preſumptive ſigns of difficult labours; and it will not be improper to enumerate theſe, though I apprehend, that much ſtreſs cannot be laid upon them with a view to practice, or

even

even to prognoſtic. If they were certain and invariable, or commonly juſt, it would be incumbent upon us to underſtand the degree and extent of their influence, and to apply ourſelves to the diſcovery of ſome means, by which we might prevent or remedy the evils which are threatened.

1ſt. The kind of labour which any particular woman will probably have, has been ſuppoſed to be indicated, in ſome degree, by her complexion. Women with very fair, or very dark complexions, have been ſuppoſed equally ſubject to difficulties or inconveniencies in parturition; whilſt thoſe of the intermediate ſhades were conſidered as having advantages in their favour. Now, as far as any particular complexion can indicate a general ſtate of health, this obſervation is reaſonable and true, with reſpect to labours; thoſe who have the beſt health, uſually paſſing through that proceſs in the beſt and ſafeſt manner. But as thoſe who are of complexions in either extreme may have perfect health, and eaſy labours, any inference drawn from this principle muſt be liable to many exceptions.

2d. By the general ſize of the body, it has been conjectured, that we might foreſee whether an enſuing labour would be eaſy or difficult. This obſervation will ſtand upon the ſame ground with the foregoing; that is, it may hold good, as far as any particular ſize may be

found beſt ſuited for performing all the functions of the body, and for the general purpoſes of life. Thoſe who are very tall or of a larger make than ordinary, are not often very active, or capable of bearing much fatigue; and thoſe who are very ſhort, may have been cramped or become deformed in conſequence of ill health in the early part of their lives: thoſe, on the contrary, who are of a middle ſize, or rather below it, being preſumed to be more generally healthy, and beſt adapted to the common occaſions of life, may be expected to have the beſt labours, as they have ſufficient power, and a readier diſpoſition to act.

3d. The habits of life, and the diſpoſitions of patients, have been ſuppoſed to have ſome influence in forwarding or retarding labour. Thoſe women, who are indolent in their tempers and habits, perform all the functions of the conſtitution in a ſlow and indolent manner, and of courſe may be expected to have tedious labours, as far as depends upon the neceſſary action of the body at the time of labour. But thoſe who are of lively diſpoſitions and active habits, being in the conſtant exerciſe of their powers, have not only theſe powers ſtrengthened and improved, but a readier diſpoſition to act and greater energy; and the activity of the parts concerned in parturition will partake of that of the body in general.

4th. The

4th. The regularity, together with the eaſe or difficulty of a labour, may in ſome meaſure depend upon the ſtrength or weakneſs of the faculties of the mind, or their diſturbance by ſlight excitations. But this muſt be a very general obſervation, and can only hold good in that extenſive way, in which it is admitted in other occurrences of life, in which weakneſs of judgment may pervert regularity into diſorder, fancy evils that do not exiſt, or add to the weight of thoſe which are unavoidable.

5th. Labours are generally affected by the climate, in which women are born and reſide. In hot climates, all natural labours are ſaid to be more eaſy, than in thoſe that are cold; probably, becauſe the diſpoſition to relax and dilate is ſooner aſſumed, and more perfectly accompliſhed. But in cold climates, from the native or acquired rigidity and firmneſs of all the parts of the body, there will be occaſion for greater exertion, though there may be greater power; yet if the labours are ſlower, perhaps the feelings are leſs, ſo that they may terminate with equal ſafety, and probably, on the whole, without greater ſuffering. In the ſame climate there will generally be ſome variations in labour at different ſeaſons; and I believe it is true, that in this country women have eaſier labours and that they are leſs liable to diſeaſes in the ſtate of child-bed, in ſummer than in winter.

Such

Such obſervations might be extended to a greater length, and diſcuſſed with more nicety; but they can hardly eſcape the notice of an attentive man, and he that is prudent will not eſteem them of too much value.

END OF THE FIRST VOLUME.

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INDEX

TO THE

FIRST VOLUME.

A.

Page.

Areola - - - - - 251
Anaſarca and Aſcites - - - 289
Abdomen, diſtenſion of - - - - 292
Anxiety previous to labour - - - 327
Abdomen, ſubſidence of - - - 313

B.

Baillie, Dr. - - - - 137
Bladder - - - - - 65
Breaſts, alteration of - - - - 251
Bowels, diſturbance of - - - 277, 514

C.

Cuſtoms ancient reſpecting placenta and tunis - 369
Coſtiveneſs - - - - 271
Conception, ſigns of - - - 197, 247
Corpora lutea - - - - 82

Page.

Carunculæ myrtiformes - - - 72
Clitoris - - - - 51
Child's head, ſtructure of - - 37
Compariſon of human and brute ſtructure - 380
Complexion - - - - 397

D.

Diarrhœa - - - - - 330
Diſcharge, mucous - - - 313, 331
Diſpoſition, effects of - - - - 398
Diſeaſe, venereal - - - - 294

E.

Extraction of the placenta - - - 374
Examination per vaginam - - - 316
Egg - - - - 212
Excreſcences - - - - - 89

F.

Fœtus, human - - - - - 220
..... circulation in - - - 222
Funis umbilicalis - - - - 223
Fever, diſpoſition to - - - - 259
Fœtus, ſituation of - - - - 301
Funis, ancient cuſtoms reſpecting - - - 383
Faculties, ſtrong and weak - - - - 399
Fluor albus - - - - - 280

G.

Generation, parts of - - - - 50
Grinding pains - - - - - 335
Gliſſon - - - - - 250

Harvey

H.

Page.

Harvey - - 200, 213, 300
Head, preſentation of - - - - 324
Hemiplegia - - - - - 287
Hemorrhoids - - - - - 275
Hermaphrodites - - - - 63
Hernia, particular kind of - - - 159
Hydrocele - - - - - 153
Hydatids - - - - 117
Hymen - - - - - 69

I.

Incubation - - - - 212
Impregnation - - - - - 216
Indigeſtion - - - - 267
Inquietude - - - - - 284
Itching - - - - 67

L.

Labia - - - - - -
.... diſeaſes of - - - - 53
Labour, diſtinctions of - - - 324
..... natural - - - - 325
..... pains of - - - - 333
..... ſtages of - - - - 341
..... circumſtances preceding - - 312
..... effect of climate on - - 399

M.

Membranes protruſion of - - - 348
Mollities oſſium - - - - 392
Midwifery, neceſſity of - - - - 380
Menſtruation - - - - - 166
Membrane menſtruous - - - - 174

Page.

Menſes, obſtruction of - - - - 177
..... exceſs of - - - -
Menſtruation, painful - - - 186
Menſes, ceſſation of - - - 188
Minerals - - - - 204
Membrana decidua - - - - 217
Membranes - - - - - 232
Mole - - - - - 121

N.

Neceſſity of Midwifery - - - - 380
Navel-ſtring, tying of - - - - 368
Nymphæ, elongation of - - - 53
Natural labours - - - - - 325
Nut - - - - - - 209
Needham - - - - 201

O.

Ovaria - - - - - 80
Ovum - - - - 219
..... waters of - - - - 231
Ovaria, dropſy of - - - 123
..... inflammation of - - - 133
..... teeth, &c. found in - - 137
Œdopſophia - - - - - 120
Os uteri - - - - 342

P.

Perinæum, dropſy of - - - 50, 153
..... laceration of - - - 58, 352
Placenta - - - - - 227
Pregnancy, diſeaſes of - - - - 247
Pains, diſtinction of - - - - 339
Parts, dilatation of - - - - - 335, 343

Propoſitions

Page.

Propoſitions - - - - 394
Paſſions - - - - - 389
Placenta, mode of extracting - - - 374
Pelvis of women and brute creatures - - 382
Poſition erect of women - - - 380
Peſſaries - - - - - 113
Polypus - - - - - 90
Pruritus - - - - 67
Procidentia - - - - 110
Pelvis - - - - 1
..... ſeparation of bones of - - - 16
..... diſtortion of - - - - 43
Pudendum - - - - 51

Q.

Quickening - - - - - 255

R.

Rigors - - - - 328
Rachitis - - - - 392

S.

Strangury - - - - 279, 329
Support of the Perinæum - - - 359
Small Pox - - - - - 297
Sleep, want of - - - - - 284

T.

Time of uterogeſtation - - - - 303

V.

Various forms of uteri - - - - 384
..... of placentæ - - - 387
Vagina - - - - - 73

Page.

Vagina, abbreviation of - - - 84
..... coheſion of - - - - 86
..... cicatrices of - - - - 87
Voice, different tones of - - - 334
Vomiting - - - - 263
Vegetables - - - - 207

U.

Urine, ſuppreſſion of - - - - 330
Uterus - - - - - 75
..... dropſy of - - - - 118
..... retroverſion of - - - 138
..... retroflection of - - - 152
..... diſeaſes of - - - - 109
..... diſpoſition of to cancerous diſeaſes - - 188
..... different forms of - - - 384
..... gravid contents of - - 219
..... diſtention of - - - 237
..... action of - - - - 239
Uterogeſtation, term of - - - 303

W.

Waters of the ovum - - - - 231
Walking, altered manner of - - - 315

END OF THE INDEX TO THE FIRST VOLUME.

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How long to wait in labor
before use of instrument
forceps?
How long before extr.
of placenta?
The best kind of forceps